

FILED MAY 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12890

3485

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 8026 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE	
c. LENGTH OF STAY (in this place) 1 YR.		d. STREET ADDRESS (If rural, give location) 129 S. PARK	
d. FULL NAME OF HOSPITAL OR INSTITUTION 129 S. PARK			

3. NAME OF DECEASED (Type or Print) CHARLES MATHEW ALLEN			4. DATE OF DEATH (Month) (Day) (Year) April 23 1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 19 1906	9. AGE (In years last birthday) 44	10. CITIZEN OF WHAT COUNTRY U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILLRIGHT		10b. KIND OF BUSINESS OR INDUSTRY STEEL INDUSTRY		11. BIRTHPLACE (State or foreign country) SIKESTON MO.	

13a. FATHER'S NAME JAMES L. ALLEN		13b. MOTHER'S MAIDEN NAME ELLA JANE MORRIS		14. NAME OF HUSBAND OR WIFE Essie May Allen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-05-3664		17. INFORMANT'S SIGNATURE OR NAME MAR MELVIN KURTZ ADDRESS K. C. MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTESTINAL HEMORRAGE AND SHOCK.				4 HRS.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ADENOCARCINOMA OF INTESTINES				18 MOS.	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 153 X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **MARCH 16, 1951**, to **APRIL 23, 1951**, that I last saw the deceased alive on **APRIL 23, 1951**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Engene R. Young (Degree or title) D.O.		23b. ADDRESS 3353 E. 27 St, K.C. Mo.		23c. DATE SIGNED APRIL 24 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/26/51		24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE CEM.	
24d. LOCATION (City, town, or county) (State) INDEPENDENCE, MO.		25. FUNERAL DIRECTOR'S SIGNATURE OTT & MITCHELL		ADDRESS INDEP. MO.	
DATE REC'D BY LOCAL REG. APR 25-1951		REGISTRAR'S SIGNATURE [Signature]		556	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 4 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *[Signature]*
Student embalmer No.....

Licensed Embalmer No. 3156

P. O. Address INDEPENDENCE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.