

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**35340**

State File No. ....

**FILED NOV 8 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PRARIE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLUE SPRINGS R.R. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDER CROFT NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>0480</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>ALLEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 21 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>26 JAN. 1855</u>	9. AGE (in years last birthday) <u>97</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X X X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CASS COUNTY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>THOMAS SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCES FISHER</u>	14. NAME OF HUSBAND OR WIFE <u>W.C. ALLEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO X X X</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G.C. ALLEN</u>	ADDRESS <u>RT. 1 BLUE SPRINGS, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>42221</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-1, 1952, to 10-21, 1952, that I last saw the deceased alive on 10-20, 1952, and that death occurred at 1:15 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Philip J. Fisher</u>	(Degree or title)	23b. ADDRESS <u>Lee's Summit, Mo</u>	23c. DATE SIGNED <u>10-21-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>22 OCT. 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>	24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, MO.</u>
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DATE REC'D BY LOCAL REG. <u>OCT. 21, 1952</u>	REGISTRAR'S SIGNATURE <u>Donald C. Emberton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>FLORAL HILLS MEMORIAL CHAPELS, K.C., MO.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Spencer*

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lloyd C McCard* .....

Licensed Embalmer No. *4853* .....

P. O. Address *K C 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.