

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38511

State File No. \_\_\_\_\_

5183

No. 300  
10-48

DEC 13 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
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) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>6 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>				d. STREET ADDRESS (If rural, give location) <u>600 E. 22nd St</u>					
3. NAME OF DECEASED a. (First) <u>Edward</u>			b. (Middle) <u>R.</u>		c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) <u>11-</u> (Day) <u>26</u> (Year) <u>52</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>10-2-91</u>		9. AGE (In years last birthday) <u>61</u> if under 1 year: Months _____ Days _____ if under 12 mos: Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Plattsburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Jackson</u>			
13a. FATHER'S NAME <u>Henry Allen</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Tallen</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Allen</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Allen Fort Wayne, Ind.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Agranulocytic Angina</u>  ANTECEDENT CAUSES DUE TO (b) <u>Overwhelming infection</u> to DUE TO (c) <u>Pyothorax Secondary to Gunshot.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>290!</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE <u>FRONICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-2-52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gunshot wound</u>					
22. I hereby certify that I attended the deceased from <u>11-18</u> , 19 <u>52</u> , to <u>11-26-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-26</u> , 19 <u>52</u> , and that death occurred at <u>1:35 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. Frank Ellis</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>600 E. 22nd St</u>			
23c. DATE SIGNED		24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>11/28/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>			
24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>		DATE REC'D BY LOCAL REG. <u>11-28-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank P. Parker</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 12 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>will be</sup> ~~was~~ embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Stuart P. Parker

Licensed Embalmer No. 2500

P. O. Address Columbia, 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.