

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9684

State File No.

FILED MAR 27 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1366

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) OR TOWN Kansas City

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1

e. STREET ADDRESS (If rural, give location) 3523 Woodland 3558

3. NAME OF DECEASED
a. (First) Evelyn b. (Middle) MARIE c. (Last) Allen

4. DATE OF DEATH (Month) (Day) (Year) 3 4 53

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JUNE-24-1912

9. AGE (In years last birthday) 40

IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY KANSAS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JESS BAXTER

13b. MOTHER'S MAIDEN NAME HATTIE SAPPINGTON

14. NAME OF HUSBAND OR WIFE ARTHUR THOMAS 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. 515-09-8479

17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARTHUR THOMAS ALLEN OTTAWA KANSAS R.D.#4

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) Adenocarcinoma of sigmoid colon with metastases
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.

INTERVAL BETWEEN ONSET AND DEATH
153X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1953, to March 4, 1953, that I last saw the deceased alive on March 4, 1953, and that death occurred at 11:25p. m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns MD (Degree or title)

23b. ADDRESS 21th & Cherry

23c. DATE SIGNED 3-5-53

24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL

24b. DATE MAR-9-1953

24c. NAME OF CEMETERY OR CREMATORY MT HOPE CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 3-7-53 Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dr. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.

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

Dr. Clinger

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.....
Signature of Student Embalmer

Signed *Emmanuel*.....

Licensed Embalmer No. *268*

P. O. Address *Kansas City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.