

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 205

MAY 19 1953

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5568		Registrar's No. 205	
1. PLACE OF DEATH a. COUNTY Jackson (Rural Bldg.) b. CITY OR TOWN Kansas City c. LENGTH OF STAY (In this place) 43 yrs.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) 9808 Independence Ave. rural blue			
3. NAME OF DECEASED (Type or Print) a. (First) Joe b. (Middle) Herbert c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) 5-15-53				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 18, 1887	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY K.C. Powers Light		11. BIRTHPLACE (City and State or Foreign Country) Kearney, Missouri	
11. BIRTHPLACE (City and State or Foreign Country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Allen		13b. MOTHER'S MAIDEN NAME Lucy Warren	
13c. NAME OF HUSBAND OR WIFE Stella Allen		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		15. SOCIAL SECURITY NO. 486-10-7121		17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Allen K.C., Mo.	
16. ADDRESS K.C., Mo.		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, asphyxia, etc. It means the disease, injury, or complication which caused death.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right lung Metastasis to spleen & kidney DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Eggs on rt pleura cavity						10 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation				20. AUTOPSY? 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) m.		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 July, 1952, to May 15, 1953 that I last saw the deceased alive on May 14, 1953 and that death occurred at 11:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Estelle M. D. Independence, Mo. May 15/53				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-18-53		24c. NAME OF CEMETERY OR CREMATORY Braymer Cemetery		24d. LOCATION (City, town, or county) (State) Braymer, Missouri	
DATE REC'D BY LOCAL REG. 5-18-53		REGISTRAR'S SIGNATURE [Signature]		354 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Mrs. C. Carson Independence, Mo.	

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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 *Richard P. Francis*.....

Licensed Embalmer No. *4863*

P. O. Address *Indy, IN*.....

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.