

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24600

State File No. _____

FILED AUG 13 1953

3661

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>17 YRS.</u>		e. STREET ADDRESS (If rural, give location) <u>7304 Main Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>7304 Main Street</u>		f. ADDRESS <u>7304 Main Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u>		b. (Middle) <u>Adell</u>	c. (Last) <u>Allen</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1953</u>		5. SEX <u>Female</u> / 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>APRIL 7, 1893</u>	
9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 4 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
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 _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>Andrew J. Asher</u>		13b. MOTHER'S MAIDEN NAME <u>Violi Dell</u>	
14. NAME OF HUSBAND OR WIFE <u>Emery 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Emery Allen</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.		17. ADDRESS <u>7304 Main Street, K.C. Mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma - rt breast</u>		5 years	
DUE TO (c) _____		170X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>9/28/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rt breast</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>2/26</u> , 1953, to <u>7/23</u> , 1953, that I last saw the deceased alive on <u>7/23</u> , 1953, and that death occurred at <u>11:15 Pm.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward H. Klein</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>3311 Pennsylvania Ave. Kansas City, MO</u>	
23c. DATE SIGNED <u>7/24/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>July 25, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>WICHITA PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WICHITA KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>7-25-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Newton</u>		ADDRESS <u>3311 Pennsylvania Ave. Kansas City, MO</u>	

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

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 *Hollie Kessel*.....

Licensed Embalmer No. *4690*.....

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