

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1195

State File No.

No. 300
10-48

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. LENGTH OF STAY (in this place) <p align="center">36 yrs</p>		c. CITY OR TOWN <p align="center">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">1708 Paseo</p>		e. STREET ADDRESS (If rural, give location) <p align="center">26 1708 Paseo</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Samuel</p>			b. (Middle) <p align="center">T.</p>			c. (Last) <p align="center">Allen</p>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Jan. 17, 1954</p>			
5. SEX <p align="center">Male</p>		6. COLOR OR RACE <p align="center">Colored</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Married</p>		8. DATE OF BIRTH <p align="center">May 14, 1882</p>		9. AGE (In years last birthday) <p align="center">71</p>		10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Laborer</p>				10b. KIND OF BUSINESS OR INDUSTRY <p align="center">-</p>		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Malta Bend, Missouri</p>			12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>			

13a. FATHER'S NAME <p align="center">Samuel T. Allen</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Marge</p>		14. NAME OF HUSBAND OR WIFE <p align="center">Ethel Allen</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">487-10-9490</p>		17. INFORMANT'S SIGNATURE OR NAME <p align="center">Ethel Allen</p>		ADDRESS <p align="center">1708 Paseo</p>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Hypertensive Heart Disease</p>							
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
		DUE TO (b) <p align="center">None</p>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<p align="center">None</p>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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) (Min)		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 1-17-1954, to 1-17-1954, that I last saw the deceased alive on 1-17-1954, and that death occurred at 12:00pm., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">J. M. Walden</p>		J. M. Walden (Degree or title) <p align="center">M.D.</p>		23b. ADDRESS <p align="center">1738 Troost Av</p>		23c. DATE SIGNED <p align="center">1/18/54</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">1/23/54</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Lincoln Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Kansas City, Missouri</p>	

DATE REC'D BY LOCAL REG. <p align="center">1-20-54</p>		REGISTRAR'S SIGNATURE <p align="center">Geraldine Smith</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Walden Bros. 18th & Benton</p>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 14 1957

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..... *Bruce F. Watkins*

Licensed Embalmer No. *456*

P. O. Address *18 4th St*

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.