

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8469**

FILED APR 14 1954

Registrar's No. **1353**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1353	
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 OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 30 YEARS		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL				e. STREET ADDRESS (If rural, give location) K7 3507 E. 36th STREET 351			
3. NAME OF DECEASED (Type or Print) a. (First) RAY		b. (Middle) B.		c. (Last) ALLEN		4. DATE OF DEATH (Month) (Day) (Year) MARCH 24 1954	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 4, 1899	
9. AGE (In years last birthday) 54		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXPRESS CLERK		10b. KIND OF BUSINESS OR INDUSTRY Railway Express Agency		11. BIRTHPLACE (City and State or Foreign Country) Gallatin Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William ALLEN		13b. MOTHER'S MAIDEN NAME RETTE BOWAN		14. NAME OF HUSBAND OR WIFE MARY 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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. MARY ALLEN ADDRESS 3507 E. 36th ST. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA ANTECEDENT CAUSES DUE TO (b) CORONARY HEART DISEASE DUE TO (c) HYPERTENSION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 Wk. 10 YRS. 15 YRS. 4201	
19a. DATE OF OPERATION /		19b. MAJOR FINDINGS OF 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) /		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? /			
22. I hereby certify that I attended the deceased from Oct. 7, 1953 , to March 24, 1954 , that I last saw the deceased alive on March 24, 1954 , and that death occurred at 8:10 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE George K. Landis (Degree or title) M.D.				23b. ADDRESS 1103 Grand Ave. K. C. Mo.		23c. DATE SIGNED 3/26/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 27, 1954		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 3-26-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Bill Newcomer ADDRESS New Kansas City Mo			

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..... *Rollie Kessel*

Licensed Embalmer No. 469

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.