

FILED FEB 18 1955

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 4611

BIRTH NO. 1101706-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 435

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, indicate BURIAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (If this place) 22 days		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. Mary's Hospital		STREET ADDRESS (If rural, give location) 2642 1/2 Jackson	
3. NAME OF DECEASED (Type or Print) a. (First) Deborah b. (Middle) Josephine c. (Last) Allen		4. DATE OF DEATH (Month) (Day) (Year) 1-30-55	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never born	8. DATE OF BIRTH 1-8-1955
9. AGE (In years) (Months) (Days) (Hours) (Min.) last birthday - - - 22 1 16		10. KIND OF BUSINESS OR INDUSTRY -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Albert Eugene Allen	
13b. MOTHER'S MAIDEN NAME Dorothy Louise Renee		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Albert Eugene Allen		ADDRESS 2647 1/2 Jackson	
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) Lobes Pneumonia (Early)	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diffuse Upper Respir. Inf. (Pneumonia)		INTERVAL BETWEEN ONSET AND DEATH 4 days	
DUE TO (c) -		22 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1 hour	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7630	
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 1-8-1955, to 1-30-55, that I last saw the deceased alive on 1-30-55, and that death occurred at 12:40 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Frank O'Connell MD (Degree or title)		23b. ADDRESS 327 Argyle Bldg K.C. Mo.	
23c. DATE SIGNED 1/31-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/1/55	
24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 1-31-55		REGISTRAR'S SIGNATURE Neva Minshall	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Quirk & Tobin-20 W. Linwood, K.C. MO.	

(Licensed Embalmer's Statement on Reverse Side)

 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 Frank O'Connell

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 *Forrest D. Caldwell*.....

Licensed Embalmer No. *471*.....

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.