

FILED MAY 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 15346

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2006

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>non resident</b>		e. STREET ADDRESS (If rural, give location) <b>5840 E. Highway No 50</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6817 East 37th. Chev. Plant</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Orrie</b> b. (Middle) <b>Lester</b> c. (Last) <b>Allen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 7 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6 July 1910</b>	9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lineman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fisher Body Plant</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Huntington, Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Benjamin F. Allen</b>	13b. MOTHER'S MAIDEN NAME <b>Eunice David</b>	14. NAME OF HUSBAND OR WIFE <b>Catherine Allen</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes app. 4 mo. 1927</b>	16. SOCIAL SECURITY NO. <b>500-03-2375</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Catherine Allen - 5840 E. Highway 50</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>09103 11</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Block &amp; Deering's use of from crushing injuries of chest.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>factory</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Travis City Jackson Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5-7-55 6:03 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Canopy fell on him</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. C. Kealhofer</b>	(Degree or title) <b>3</b>	23b. ADDRESS <b>6627 Park St. S.W.</b>	23c. DATE SIGNED <b>5-8-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11 May 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-9-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FLORAL HILLS MEMORIAL CHAPELS, K. C. MO.</b>
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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 *Raymond C. McCall*.....

Licensed Embalmer No. *485*.....

P. O. Address *T. C.*.....

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.