

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22008

State File No. _____
Registrar's No. 2837

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u> | |
| b. CITY OR TOWN <u>Kansas City</u> | c. LENGTH OF STAY (in this place) <u>40 yrs.</u> | c. CITY OR TOWN <u>Kansas City</u> | Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Med. Center</u> | | STREET ADDRESS (If rural, give location) <u>10 East 56th Terr.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> | b. (Middle) <u>W.</u> | c. (Last) <u>Allendoerfer</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-3-55</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>5-15-86</u> |
| 9. AGE (In years last birthday) <u>75</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chairman of Board</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>First Nat'l. Bank</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carlinville, Illinois</u> |
| 12. CITIZENRY OF WHAT COUNTRY? <u>USA</u> | 13a. FATHER'S NAME <u>Charles W. Allendoerfer</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Fishback</u> | 14. NAME OF HUSBAND OR WIFE <u>Wm. Fred Allendoerfer</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>496-01-3209</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wm. Fred Allendoerfer, 10E. 56th, K.C.MO.</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute thrombosis - basilar artery with acute softening - pons</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (b) <u>Acute bronchopneumonia, lower, right cerebral arteriosclerosis, severe with old softening left parietal lobe - brain</u> | | <u>3 days</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | DUE TO (c) <u>old small infarct - ant. wall - left ventricle coronary arteriosclerosis - mod. severe</u> | | <u>5 years</u> |

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| 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) (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 1950, to 7-3-, 1955, that I last saw the deceased alive on 7-2-, 1955 and that death occurred at 5:30 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>L. F. Stoffer</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>1103 Grand Ave</u> | 23c. DATE SIGNED <u>7-4-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 24b. DATE <u>7-5-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Newmonts Inc</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | DATE REC'D BY LOCAL REG. <u>7-5-55</u> | REGISTRAR'S SIGNATURE <u>new Marshall</u> |
| 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE UND. CO. K.C.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 *R. F. Beyer*.....

Licensed Embalmer No. *48*.....

P. O. Address *KC 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.