FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8979

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 996

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 40 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PETTIS
c. CITY OR TOWN: SEDALIA
d. Is Residence within limits of a city or incorporated town? Yes [W] No [ ]
e. STREET ADDRESS (If rural, give location): 1211 E. 4TH

3. NAME OF DECEASED (Type or Print)
a. (First): CALVIN
b. (Middle): QUINTEN
c. (Last): ALLEN

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: January 21, 1922
9. AGE (In years last birthday): 34 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station operator
10b. KIND OF BUSINESS OR INDUSTRY: Gas & Oil
11. BIRTHPLACE (City and State or Foreign Country): Stover, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James A. Allen Sr.
13b. MOTHER'S MAIDEN NAME: Dona Boatwright
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 491-07-6338
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA Hospital Official Records, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) G. I. Hemorrhage, massive — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aortic esophageal fistula (Hufnagel Prosthetic valve) — 2 years
DUE TO (c) Rheumatic heart disease, inactive — 14 years

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: 411X
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* January 26, 19 56, *to* March 6, 19 56, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): GUIDO PODRECCA, M.D. Guido Podrecca
23b. ADDRESS: VA Hospital, Kansas City, Mo
23c. DATE SIGNED: 3/6/56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MARCH 6 1956
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL CEMETERY
24d. LOCATION (City, town, or county) (State): SEDALIA MISSOURI

DATE REC'D BY LOCAL REG.: 3-7-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: D. N. Newcomer's Sons
ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO.

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 48

P. O. Address Kansas C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.