

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1956

State File No. 20384  
2417

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 2417
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City township)		c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN Pleasant Hill	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 Lukes Hospital.		e. STREET ADDRESS (If rural, give location) none 0190 / 1		
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) W.	c. (Last) Allen.	4. DATE OF DEATH (Month) (Day) (Year) 6-1-56
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-21-81	9. AGE (In years last birthday) 75 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) night watchman		10b. KIND OF BUSINESS OR INDUSTRY American Seals Co.	11. BIRTHPLACE (County, State or Foreign Country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Wm. J. Allen		13b. MOTHER'S MAIDEN NAME Mattie Dewar	14. NAME OF HUSBAND OR WIFE Blanche 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. 496-26-7586	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Nathan Allen, Pleasant Hill, 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) Carcinoma of L. Lung, Primary		INTERVAL BETWEEN ONSET AND DEATH 7 mo.
		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.		162x
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 24, 1956, to June 1, 1956, that I last saw the deceased alive on June 1, 1956, and that death occurred at 1 P. m., from the causes and on the date stated above.				
23a. SIGNATURE M.G. Berry M.L. Berry		(Degree or title) c. M.D.	23b. ADDRESS 315 Nichols Rd. Kansas City, Mo.	23c. DATE SIGNED June 5, 56
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE 6-3-56	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.	
DATE REC'D BY LOCAL REG. 6-2-56		REGISTRAR'S SIGNATURE new minshall	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Brownfield, Stanley & Home Pleasant Hill, 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..... *John R. Sidman*

Licensed Embalmer No... 45

P. O. Address *Kansas*

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