

FILED AUG 3-1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Health,
Welfare
Public
Service

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 331

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		a. STATE Missouri		b. COUNTY Jackson	
c. FULL NAME OF HOSPITAL OR INSTITUTION Indep. Sanitarium		Length of stay in lb 2 days		c. CITY OR TOWN Independence		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Guy		Middle Lawrence		Last Allen		Month Day Year July 25-1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH	
9. AGE (In years last birthday) 55		10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Sales-Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Valley Jct. Wis.	
13. FATHER'S NAME Rufus Allen				14. MOTHER'S MAIDEN NAME Viola Shaw			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. 536-05-6252		17. INFORMANT Gertrude Allen - Indep. Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid and interstitial cerebral hemorrhage							72 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Cause unknown							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
massive parietal hemorrhage (left)							330X
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY		Hour Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7/23/56 to 7/25/56 and last saw him alive on 7/24/56							
Death occurred at 7:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Vance E. Link, M.D.				22b. ADDRESS 10901 Winnetka Rd Independence, Mo		22c. DATE SIGNED 7/25/56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE July 28-56		23c. NAME OF CEMETERY OR CREMATORY Mount Zion		23d. LOCATION (City, town, or county) (State) Independence-Missouri	
24. FUNERAL DIRECTOR Address				25. DATE RECD. BY LOCAL REG. 7-25-56		26. REGISTRAR'S SIGNATURE James Craig	

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

54

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 M. Hardy*.....

Licensed Embalmer No. *491*.....

P. O. Address *Indep.*.....

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