

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30564

State File No.

FILED OCT 3 1956

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>4106</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTTE</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give length of town or village) OR TOWN <u>KANSAS CITY</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>8/150</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>404-E-3rd ON STREET</u> | | | | e. STREET ADDRESS (If rural, give location) <u>429 WASHINGTON</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOYD</u> b. (Middle) _____ c. (Last) <u>ALLEN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-17-1956</u> | | | | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>COLORED</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>NOV. 2-1901</u> | | | |
| 9. AGE (In years last birthday) <u>54</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>WARE HOUSE</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE, LA.</u> | | | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE, LA.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>LESLIE ALLEN</u> | | 13b. MOTHER'S MAIDEN NAME <u>LONTENA ELLIS JENETTE ALLEN</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>FLOYD ALLEN, JR.</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or, unknowns) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>432-019730</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FLOYD ALLEN, JR. DETROIT, MICH.</u> | | | |
| 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) <u>Undetermined</u> 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. <u>no permission for post mortem 2222</u> <u>History of Alcoholism.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 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 <u>L. M. Tillman M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>1618 Lydia Ave</u> | | 23c. DATE SIGNED <u>9/19/56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>9-24-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>WESTLAWN</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANS.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>9-19-56</u> | | REGISTRAR'S SIGNATURE <u>neva merrill</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BROWN-HUDSON K.C., MO.</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. Tillman

S. No. 300
V. 10-48

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.....
Licensed Embalmer No. 4531
P. O. Address Kansas City

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.