

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009779  
STATE FILE NUMBER 1518

FILED APR 9 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300  
-57

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1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Town Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA General Hosp</b>		Length of stay in lb <b>28 yrs.</b>	d. STREET ADDRESS <b>3446 Benton Blvd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Alfred</b> Middle Last <b>Allen</b>			4. DATE OF DEATH Month <b>March</b> Day <b>23</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 4, 1929</b>		9. AGE (In years last birthday) <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>City Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Post Office</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Preston Allen</b>		13b. MOTHER'S MAIDEN NAME <b>Olealet Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Korean Army Res.</b>		16. SOCIAL SECURITY NO. <b>488-32-8758</b>	17. INFORMANT Address <b>Rev. Preston Allen, K.C. Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Internal Hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8.901</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>Penetrating Gunshot Wound of Heart &amp; Left Lung</b>					
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"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Gunshot wound of heart &amp; left lung</b>				
20c. TIME OF INJURY Hour <b>4:30</b> a.m. Month, Day, Year <b>3/23/1958</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., on or about home, farm, factory, school, etc.) <b>3408 E. 30</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City, Mo.</b>		COUNTY <b>Jackson</b> STATE <b>Mo.</b>
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Deputy Coroner</b>			22b. ADDRESS <b>1618 Lydia Ave</b>		22c. DATE SIGNED <b>3/23/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-27-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23d. LOCATION (City, town, or county) (Street) <b>Leavenworth, Kansas</b>	
24. FUNERAL DIRECTOR <b>Mrs. Meek's Mortuary, K.C. Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>3-24-58</b>	26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Willard B. Paskin* .....

Licensed Embalmer No. *5013* .....  
P. O. Address *N. C. Md* .....

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.