

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021782

STATE FILE NUMBER

2873

FILED JUL 11 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
4 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR PASCO NURSING HOME INSTITUTION 2337 THE PASCO		5 d. STREET ADDRESS 2537 HARRISON	
3. NAME OF DECEASED (Type or print) EDNA ALMA ALLEN		4. DATE OF DEATH Month Day Year JUNE 3, 1958	
5. SEX FEMALE	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 MARCH 19, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER		11. BIRTHPLACE (City and state or country) PARSONS, KANSAS	
13a. FATHER'S NAME JACOB BORDINE		14. NAME OF HUSBAND OR WIFE JOHN E. ALLEN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 496-10-6498	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio sclerosis DUE TO (b) Arterio sclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-1-58 to 6-3-58 and last saw her alive on 6-3-58 Death occurred at 8:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank Paul Laurence		22b. ADDRESS 428 S. White Ave	
22c. DATE SIGNED 6-3-58		23. NAME OF CEMETERY OR CREMATORY GREENLAWN CEM.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
23b. DATE JUNE 9-1958		24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY, MO	
25. DATE RECD. BY LOCAL REG. 6-7-58		26. REGISTRAR'S SIGNATURE Neva Minshall	

All diseases in Part I must be causally related.

Frank Paul Laurence REGISTRAR ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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. *4913*

P. O. Address *Indep. mo*

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.