

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009255

STATE FILE NUMBER

FILED APR 2 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1394

300
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City Mo</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Luke's Hospital</i>		Length of stay in 1b <i>7.5 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>4202 Linewood Blvd</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Mr Charles Oliver Allen</i>			4. DATE OF DEATH Month Day Year <i>3-16-1959</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>11-23-1875</i>	9. AGE (In years last birthday) <i>83</i>	IF UNDER 1 YEAR Months Days Hours Min. - - - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Custodian</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Ararat Shrine temple</i>	11. BIRTHPLACE (City and state or country) <i>East Scott Kansas</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13a. FATHER'S NAME <i>John Wesley Allen</i>	13b. MOTHER'S MAIDEN NAME <i>Lettisha Hollingsworth</i>	14. NAME OF HUSBAND OR WIFE <i>Lula Allen</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>486-10-1288</i>	17. INFORMANT <i>H. B. P. Allen</i> Address <i>4202 Linewood Blvd</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE. <i>Coronary Artery Thrombosis.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Heart Disease</i>	DUE TO (c) <i>None</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>None</i>		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.) <i>None</i>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>None</i>	20d. INJURY OCCURRED WHILE AT <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.) <i>None</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>None</i>

21. I attended the deceased from *12/22/58* to *3/15/59* and last saw ^{him} alive on *3/15/59*
Death occurred at *1:00 A.M.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>William B. Allen M.D.</i>	22b. ADDRESS <i>Black Parkway Bg</i>	22c. DATE SIGNED <i>3/16/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3-18-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Mariah</i>	23d. CITY, TOWN, OR COUNTY (State) <i>Kansas City Mo</i>
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24. FUNERAL DIRECTOR <i>France-Wornall Funeral Home</i> ADDRESS <i>P.C. Embalmer's Statement on Reverse Side</i>	25. DATE RECD. BY LOCAL REG. <i>3-17-59</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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All diseases in Part I must be causally related.

William B. Allen USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Russell N France*

Licensed Embalmer No. *4255*

P. O. Address *K @ 7me*

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.