

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013678

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 108

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| 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) Rural Prairie | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Independence 7005 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hosp. | | Length of stay in lb 2 1/2 yrs. | d. STREET ADDRESS (If outside, give location) 10418 E. 14th St. |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last John Hamilton Allen | 4. DATE OF DEATH Month Day Year April 25, 1959 |
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| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 19, 1906 | 9. AGE (In years birthday) 39 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| | | 3 WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | | | | |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Plumber | 10b. KIND OF BUSINESS OR INDUSTRY Plumber | 11. BIRTHPLACE (City and state or country) Eldon, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME West Allen | 13b. MOTHER'S MAIDEN NAME Addie Pace | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT MAXINE ALLEN 518 E. Pacific Ind. Mo |
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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 (a) <i>Burger's disease</i> <i>hypertension</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4531 | INTERVAL BETWEEN ONSET AND DEATH |
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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 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 |
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| 21. I attended the deceased from 11-15-56 to 4-25-59 and last saw her alive on 4-25-59 Death occurred at 7:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <i>Philip Ager M.D.</i> | 22b. ADDRESS <i>4115 Summit, Mo</i> | 22c. DATE SIGNED <i>4/27/59</i> |
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| 23a. BURIAL, CREMATION, RECOVERY (Specify) <i>BURIAL</i> | 23b. DATE <i>4-28-59</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i> | 23d. LOCATION (City, town, or county) (State) <i>Independence, Missouri</i> |
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| 24. FUNERAL DIRECTOR <i>Geo. C. Conroy & Sons, Ind. Mo.</i> | 25. DATE RECD. BY LOCAL REG. <i>4-28-1959</i> | 26. REGISTRAR'S SIGNATURE <i>M. B. Longford</i> |
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(Licensed Embelmar's Statement on Reverse Side)

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 *A. Kenneth Patterson*

Licensed Embalmer No. *4697*

P. O. Address *Indy 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.