

FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 1 9 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6301 ~~6301~~ 59-047106

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		a. STATE MISSOURI		b. COUNTY JACKSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSP.		Length of stay in 1b 28 days		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R. # 1		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First John		Middle Lipsy		Last Allen Sr.		Month Day Year DEC 31, 1959	
5. SEX MALE	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 APRIL 5, 1895	9. AGE (last birthday) 65 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY LONOKE COUNTY ARKANSAS		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JULIUS MARION ALLEN		13b. MOTHER'S MAIDEN NAME ELIZABETH UNKNOWN		14. NAME OF HUSBAND OR WIFE EVA S. ALLEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address CHARLES ALLEN 9904 BELLAIRE			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Branch pneumonia Subdural Hematoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) car struck					
20c. TIME OF INJURY Hour a.m. p.m. 12-7-59		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Highway		20f. CITY, TOWN, OR LOCATION COUNTY STATE Jackson MO	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
21a. SIGNATURE (Degree or title) Geo. W. Newcomer Sr. M.D.				21b. ADDRESS 6027 Prather Ave		21c. DATE SIGNED 1-1-60	
22a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		22b. DATE JAN 1, 1960		22c. NAME OF CEMETERY OR CREMATORY BEEBE CEM		22d. LOCATION (City, town, or county) (State) BEEBE ARKANSAS	
23. FUNERAL DIRECTOR ADDRESS W. NEWCOMER'S SONS K.C. MO.				25. DATE RECD. BY LOCAL REG. 1-1-60		26. REGISTRAR'S SIGNATURE Drew Marshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Geo. W. Newcomer Sr. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin D. Presto

Licensed Embalmer No. 5040

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.