

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024161

FILED VS. JUL 12 1960 297

Primary Registration District No. 3157 Registrar's No. 83

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Ray</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Ray</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond</b>		Length of stay in 1b <b>20 years</b>		c. CITY OR TOWN <b>Richmond</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>300 E. Buchanan</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>300 E. Buchanan</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Eddie Bond Allen</b>				4. DATE OF DEATH Month <b>July</b> Day <b>1</b> Year <b>1960</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>May 11, 1906</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>4</b>	IF UNDER 24 HR Hours <b>5</b> Min. <b>4</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Carpentry</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>United States</b>		
13a. FATHER'S NAME <b>Frank J. Allen</b>			13b. MOTHER'S MAIDEN NAME <b>Rose Etta Redman</b>			14. NAME OF HUSBAND OR WIFE <b>Velma Allen</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. # 2</b>			16. SOCIAL SECURITY NO. <b>496-01-8392</b>		17. INFORMANT Address <b>Velma Allen, Richmond, Missouri</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>Suicide by hanging</b>							INTERVAL BETWEEN ONSET AND DEATH <b>56 hours</b>		
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)						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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" 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 _____ a.m. _____ p.m.		Month, Day, Year _____							
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	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>3:00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Sharon B. Good M.D. Coroner</b>				22b. ADDRESS <b>Richmond, Mo.</b>				22c. DATE SIGNED <b>7/3/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 3, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Woodland</b>		23d. LOCATION (City, town, or county) (State) <b>Richmond, Missouri</b>				
24. FUNERAL DIRECTOR ADDRESS <b>Guest Life Funeral Home Richmond, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>7-5-1960</b>		26. REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 19 1960

**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 George G. Gile

Licensed Embalmer No. 4066

P. O. Address Bellevue

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.