SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007560
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 171

FILED MAR 20 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ~~INSTITUTION~~: Ellis Fischel State Cancer — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 610 Corby — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First: Herman Middle: LeRoy Last: Allen

4. DATE OF DEATH: Month: March Day: 14 Year: 1961

5. SEX: male
6. COLOR OR RACE: white
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-29-03
9. AGE (last birthday): 57
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: Clerk in Grocery
11. BIRTHPLACE (City and state or country): Oregon, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Fred E. Allen
13b. MOTHER'S MAIDEN NAME: Susie E. Allen
14. NAME OF ~~HUSBAND~~ OR WIFE: Ida M Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service)
17. INFORMANT: Address: Hospital Records - Highway 40-Columbia Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Intraperitoneal hemorrhage	7 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	rupture, hepatic metastasis	7 hrs
DUE TO (c)	carcinomas of left lung with widespread metastases	6 mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): cerebral subvertical hemorrhage recent post traumatic

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3-13-61, to 3-14-61 and last saw her/him alive on 3-14-61
Death occurred at 7:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Theodore von Luecknerring (Degree or title) M.D.
22b. ADDRESS: Ellis Fischel State Cancer Hospital Columbia Mo.
22c. DATE SIGNED: 3-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-14-1961
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): ST JOSEPH, MISSOURI

24. FUNERAL DIRECTOR: Parker Funeral Service, Columbia Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: Mar 14 1961
26. REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

INSTEAD OF — DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF — SHOULD READ — ITEM NO.

US APR 3 1960

APR 22 1961

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 George A. Kerfy

Licensed Embalmer No. 4752

P. O. Address Columbia M

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.