

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026918

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3872

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Don A. Black

USE BLACK INK OR TYPEWRITER RIBBON

<p><b>FILED AUG 13 1962</b></p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>JACKSON</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in lb <u>6 YRS</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4125 INDEP. AVE. KELLY NURSING HOME</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u></p> <p>c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>519 SPRUCE</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>ELLA ELVIRA ALLEN</u></p>			<p>4. DATE OF DEATH Month Day Year <u>7 26 1962</u></p>		
<p>5. SEX <u>FEMALE</u></p>		<p>6. COLOR OR RACE <u>WHITE</u></p>		<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	
<p>8. DATE OF BIRTH <u>3/10/1877</u></p>		<p>9. AGE (last birthday) <u>85</u></p>		<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u></p>			<p>10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>IOWA</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>			<p>13a. FATHER'S NAME <u>CHARLES RICHARDSON</u></p>		
<p>13b. MOTHER'S MAIDEN NAME <u>MARY GRISWOLD</u></p>			<p>14. NAME OF HUSBAND OR WIFE <u>LEE M. ALLEN</u></p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u></p>			<p>16. SOCIAL SECURITY NO. <u>NONE</u></p>		<p>17. INFORMANT Address <u>Mo. OPAL M. WEISSBECK KANSAS CITY.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Arterial Sclerotic Heart disease</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>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</p>					<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY</p>		<p>STATE</p>	
<p>21. I attended the deceased from <u>July 19, 1962</u> to <u>July 26, 1962</u> and last saw her alive on <u>July 20, 1962</u>. Death occurred at <u>9:41 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) <u>Don A. Black</u></p>			<p>22b. ADDRESS <u>6400 Prospect K.C. Mo</u></p>		<p>22c. DATE SIGNED <u>7/27/62</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u></p>		<p>23b. DATE <u>7/28/1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Mo.</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS <u>C.H. BLACKMAN &amp; SON K.C., Mo.</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>7-27-62</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Ruth Song</u></p>

Em-1-8208  
6400 Prospect  
Dr. Black

**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 Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address RC 24, 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.