

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4786

State File No.

FILED FEB 21 1949

BIRTH NO. 49-007331 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 355

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>3 days</u> | | d. STREET ADDRESS (If rural, give location) <u>6148 Cherry</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Baby Boy Blickham</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 24-49</u> | |
| a. (First) <u>Gary Joseph</u> b. (Middle) <u>Blickham</u> c. (Last) | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>Jan. 21, 1949</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <u>0</u> <u>3</u> <u>3</u> <u>3</u> <u>3</u> <u>3</u> |
| 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>James P. Blickham</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Schwartz</u> | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Jas. P. Blickham, 6148 Cherry</u> | | ADDRESS | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>760.5</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tentorial Tears</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan-21, 1949</u> to <u>Jan-24, 1949</u> , that I last saw the deceased alive on <u>Jan-24, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>S. M. Shapiro</u> (Type or Print) <u>S. M. Shapiro</u> | | 23b. ADDRESS <u>W.D. 6th Prof Bldg</u> | |
| 23c. DATE SIGNED <u>1-25-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-25-49</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>1-25-49</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u> | | ADDRESS <u>Kansas City, Mo.</u> | |

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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 _____

C. Dean Cole

Student Embalmer No. 408

working under my personal supervision.

Signed C. Dean Cole
Student Embalmer

Signed _____

J. B. [Signature]

Licensed Embalmer No. 2909

P. O. Address K.C.

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 this body is not embalmed, fact should be so stated above.