

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5238

FILED FEB 17 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 46

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>Blue</u>		c. LENGTH OF STAY (In this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sugar Creek</u>		Blue <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 11220 Norledge</u>		d. STREET ADDRESS (If rural, give location) <u>11220 Norledge</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Blaskovich</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Feb. 6, 1949</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 10, 1884</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown, Austria</u>	12. CITIZEN OF WHAT COUNTRY? <u>American</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Thos. A. Blaskovich</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Thos. A. Blaskovich</u>	ADDRESS <u>11220 Norledge Sugar Creek, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week 5 hrs.</u> <u>15 year</u> <u>4 mo</u> <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular Accident (Stroke)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) <u>Diabetic Gangrene (stroke)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic Pneumonia</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>260x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 11/22, 1946, to 2/4, 1949, that I last saw the deceased alive on 2/4, 1949, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Hickman</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Independence Mo</u>	23c. DATE SIGNED <u>Feb 7-1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/8/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys (Woodlawn)</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 8-1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	354	25. FUNERAL DIRECTOR'S SIGNATURE <u>Deob Carson</u>	ADDRESS <u>Independence, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 23 1949

OCT 13 1955

MAR 8 1948

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.

Signed Donald W Hanks

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4528

P. O. Address Independence, Missouri

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.