

FILED OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 381

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 381

484
1

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

| | | | |
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| 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 town) <u>Independence</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> | |
| c. LENGTH OF STAY (in this place) <u>2 Yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>3510 South Crvsler</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3510 So Crvsler</u> | | | |

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|-------------------------------------|------------------------|-----------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Dean</u> | b. (Middle) <u>H.</u> | c. (Last) <u>Blackman</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27-50</u> |
|-------------------------------------|------------------------|-----------------------|---------------------------|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 30-1899</u> | 9. AGE (In years last birthday) <u>51</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>Mortician</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Funeral Business</u> | 11. BIRTHPLACE (State or foreign country) <u>Persia, Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |
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| 13a. FATHER'S NAME <u>Chester H. Blackman</u> | 13b. MOTHER'S MAIDEN NAME <u>Amy L. Bullard</u> | 14. NAME OF HUSBAND OR WIFE <u>PPaloma Blackman</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW One</u> | 16. SOCIAL SECURITY NO. <u>486-10-3106</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Paloma Blackman</u> | ADDRESS <u>Independence, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis with occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>4 hrs 1</u> | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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 Sept 26, 1950, to Sept 27, 1950, that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 2 A. m., from the causes and on the date stated above.

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|------------------------------------|-----------------------------|--|---------------------------------|
| 23a. SIGNATURE <u>W. H. Julian</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>West Bank Bldg Independence, Mo.</u> | 23c. DATE SIGNED <u>9/28/50</u> |
|------------------------------------|-----------------------------|--|---------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept 29, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City 3, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Sept 28, 1950</u> | REGISTRAR'S SIGNATURE <u>W. H. Julian</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Blackman</u> | ADDRESS <u>Kansas City, Mo</u> |
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JAN 19 1951

STATEMENT BY LICENSED EMBALMER

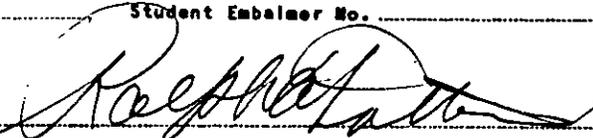
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____



Licensed Embalmer No. 3503

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.