

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31332**

FILED OCT 11 1950

BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **6964** Registrar's No. **76**

1830

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

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) Parkville Platte		c. CITY (If outside corporate limits, write RURAL and give township) Rural #4 Parkville	
c. LENGTH OF STAY (If in institution) 28 yrs		d. STREET ADDRESS (If rural, give location) 4 miles east.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R7D 4.			

3. NAME OF DECEASED (Type or Print) Charles Leonard Blogin a. (First) c. (Last)			4. DATE OF DEATH Sept 23-1950 (Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE Caucasian		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH May 18-1905		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months 7 Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if not retired) Steam Fitter		10b. KIND OF BUSINESS OR INDUSTRY Plumbing		11. BIRTHPLACE (State or foreign country) Scotland	
12. CITIZEN OF WHAT COUNTRY USA					

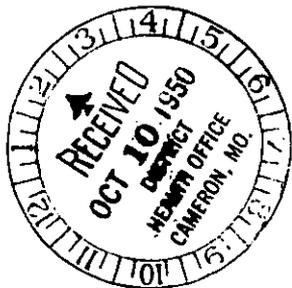
13a. FATHER'S NAME John Blogin		13b. MOTHER'S MAIDEN NAME Petronella Rekelis		14. NAME OF HUSBAND OR WIFE Dorothy Watkins Blogin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486-07-4250		17. INFORMANT'S SIGNATURE OR NAME John Blogin	
				ADDRESS Parkville, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	
*This does not mean the mode of dying, such as heart failure; asthenia; etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ A. M., from the causes and on the date stated above.

23a. SIGNATURE Tom H. Kielett (Degree or title) 3 coroner		23b. ADDRESS Platte City Mo		23c. DATE SIGNED 9-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept 25-50		24c. NAME OF CEMETERY OR CREMATORY Mt Calvary KC	
24d. LOCATION (City; town; or county) (State) Kansas City Kan		DATE REC'D BY LOCAL REG. Sept 25-50		REGISTRAR'S SIGNATURE Alphie Rallins	
		FUNERAL DIRECTOR'S SIGNATURE Leland H. Francis		ADDRESS Parkville Mo	



OCT 17 1950

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, as by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.