

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 26 1951

State File No. 16430
1950

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 9 days		c. CITY OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS (If rural, give location) 3216 Garnier. 2090			
3. NAME OF DECEASED a. (First) Franklin C. Blauvelt b. (Middle) C. c. (Last) Blauvelt			4. DATE OF DEATH (Month) (Day) (Year) May 3, 1951.				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Feb. 22, 1908		9. AGE (In years last birthday) 43	10. UNDER 1 YEAR Months 2 Days 11	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Technician		10b. KIND OF BUSINESS OR INDUSTRY Radio		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? No.	
13a. FATHER'S NAME Chester E. Blauvelt			13b. MOTHER'S MAIDEN NAME Ada May Coy		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 424-10-7024		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nancy Baker			ADDRESS Kansas City, Mo
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric venous thrombosis with gangrene of small bowel ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with gangrene of small bowel DUE TO (c) Thrombosis of Portal vein II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver					INTERVAL BETWEEN ONSET AND DEATH 72 hours 5810
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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) m.		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 _____, Pathologist, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Angelo Lapi (Degree or title) M.D.				23b. ADDRESS 101 Memorial Drive		23c. DATE SIGNED 5-3-51	
24a. PORTAL CREMATION REMOVAL (Specify) Removed		24b. DATE 5/3/51	24c. NAME OF CEMETERY OR CREMATORY --		24d. LOCATION (City, town, or county) (State) Osawatomie Kansas.		
DATE REC'D BY LOCAL REG. 5-7-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William H. Eddy Osawatomie, Ks.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 1 1958

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 Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

*Removal to
Anatomical No.*