

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4858

State File No.

516

FILED FEB 16 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson <i>d</i></p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">St. Joseph Hospital</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">22 West 34th Street</p>	

3. NAME OF DECEASED a. (First) <p style="text-align: center;">MRS. BERTHA</p>			b. (Middle) <p style="text-align: center;">BLINDON</p>			c. (Last) <p style="text-align: center;">BLINDON</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Jan 30 1952</p>		
5. SEX <p style="text-align: center;">Female /</p>		6. COLOR OR RACE <p style="text-align: center;">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widow <i>2</i></p>		8. DATE OF BIRTH <p style="text-align: center;">Dec 22 1877</p>		9. AGE (In years last birthday) <p style="text-align: center;">74</p>		10. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U. S. A.</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">St. Louis, Mo. <i>0</i></p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U. S. A.</p>	

13a. FATHER'S NAME <p style="text-align: center;">PATRICK EGAN</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">ANNA MAHONEY</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">EMMETT BLINDON</p>	
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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) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">James P. Blundon 22 West 34th Street</p>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">1 yr</p>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Carcinoma of Cervix</p>		ANTECEDENT CAUSES <p style="text-align: center;">Peritonitis</p>			
		Morbidity 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.				<p style="text-align: center;">1714</p>	

19a. DATE OF OPERATION <p style="text-align: center;">1-28-52</p>		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">Carcinoma of Cervix</p>				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) <p style="text-align: center;">KC Mo Mo</p>			
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 1-20, 1952, to 1-30, 1952, that I last saw the deceased alive on 1-30, 1952, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">Wm. H. Duncan</p>		(Degree or title)		23b. ADDRESS <p style="text-align: center;">1200 Prof bl</p>		23c. DATE SIGNED <p style="text-align: center;">2-1-52</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">Feb 2 1952</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">St. Mary's Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">St. Mary's Cemetery</p>	
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">2-2-52</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Geraldine Holmes</p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">Dwight P. Owen 20 West Linwood</p>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Forest D. Boldman*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4714*.....

P. O. Address *K.P. 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.