

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

44452

State File No.

FILED FEB 7 1953 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5826

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

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) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL, and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>33 min.</u>		d. STREET ADDRESS (If rural, give location) <u>3716 Askew</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Jim</u> b. (Middle) <u>Edward</u> c. (Last) <u>Bless</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>12-16-1952</u>
9. AGE (in years last birthday) <u>33</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Carroll Bless</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Amelia Ott</u>	
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) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. C. Bless</u>		ADDRESS <u>3716 Askew, Kansas City, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete abdominal atherosclerosis with chronic failure of development of pubic bones & retroperitoneal</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
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 <u>12-16</u> , 19 <u>52</u> , to <u>12-16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-16</u> , 19 <u>52</u> , and that death occurred at <u>8:18 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Hubert Singleton MD</u>		23b. ADDRESS <u>U MD K.C. Mo</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>12-18-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-31-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Smith</u>		ADDRESS <u>St. Luke's Hospital, K.C. Mo</u>	

Final

10/20/10

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.

Student
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.