

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9725**  
**1666**

FILED APR 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death.) a. STATE <b>Mo.</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>40 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1521 SPRUCE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Lukes Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Amos</b> b. (Middle) <b>Blum</b> c. (Last) <b>Host</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 22 '53</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	
8. DATE OF BIRTH <b>5-1-1885</b>			9. AGE (In years last birthday) <b>67</b>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PIPE FITTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile Plant</b>		11. BIRTHPLACE (State or foreign country) <b>HENRY COUNTY - MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USC</b>					

13a. FATHER'S NAME <b>J.H. Blumhost</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Deuteman</b>		14. NAME OF HUSBAND OR WIFE <b>HALLIE MAE</b>	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNK -</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>OSCAR Blumhost Springfield</b>	
--	--	--------------------------------------	--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH					
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>			<b>Days</b>					
			ANTECEDENT CAUSES			DUE TO (b) <b>Hypertension</b>			<b>Yrs?</b>		
			DUE TO (c) <b>Chronic Passive Congestion LUNGS</b>			<b>Days.</b>					
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.								

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)		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 **3-12**, 19**53**, to **3-22**, 19**53**, that I last saw the deceased alive on **3-22**, 19**53** and that death occurred at **7:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>V. B. Ballard</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>411 Nichols Rd KC. Mo</b>		23c. DATE SIGNED <b>3/23/53</b>	
---	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-25-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>	
				24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO</b>	

DATE REC'D BY LOCAL REG. <b>3-25-53</b>		REGISTRAR'S SIGNATURE <b>Sheldine Smith</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PASSANTINO BROS KC MO</b>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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

*Francis S. Walton*

Signed.....

Student Embalmer

Licensed Embalmer No. 2744

P. O. Address K.C., 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.