

FILED JUN 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

187999

2111

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 MO b. COUNTY Jackson			
b. CITY OR TOWN Kansas city		c. LENGTH OF STAY (in this place) 44 yrs		c. CITY OR TOWN Kansas city		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah				e. STREET ADDRESS (If rural, give location) 3230 East 11th St. 3188			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Albert c. (Last) Blackwell		4. DATE OF DEATH (Month) May (Day) 11 (Year) 54		5. SEX M		6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH 10-27-73		9. AGE (in years last birthday) 70		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE		10b. KIND OF BUSINESS OR INDUSTRY PARK BOARD.		11. BIRTHPLACE (City and State or Foreign Country) Deer Lodge Mont		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME J. Blackwell		13b. MOTHER'S MAIDEN NAME Catherine Cunningham		14. NAME OF HUSBAND OR WIFE L. E. L. A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. ADA Berryman 3808 Bales' ADDRESS			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebello pontine angle tumor - left - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Meningitis - cerebellum - at. DUE TO (c) Smoked purulent bronchitis + atelectasis, both lower lobes II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diaphragmatic hernia - right.				INTERVAL BETWEEN ONSET AND DEATH 3403	
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 5-9, 1954 to 5-11, 1954, that I last saw the deceased alive on 5-10, 1954 and that death occurred at 12:43 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Cecil M. John (Degree or title) M.D.				23b. ADDRESS 630 Poy Blg		23c. DATE SIGNED 5-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 13-1954		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City MO	
DATE REC'D BY LOCAL REG. 5-11-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Chapel, N.E. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

210 0771

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.....
Signature of Student Embalmer

Signed *Joseph C. McLaughlin*.....

Licensed Embalmer No. 4853

P. O. Address N. C.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.