

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8102**
Registrar's No. **914**

FILED MAR 22 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>914</u>	
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 (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 30 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 RESEARCH HOSPITAL				e. STREET ADDRESS (If rural, give location) 5110 BROOKSIDE BLVD. 3748			
3. NAME OF DECEASED (Type or Print) a. (First) EDGAR		b. (Middle) SARGENT		c. (Last) BLACKMAN		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 26 1955	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED		8. DATE OF BIRTH OCTOBER 16 1874	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SUPERVISOR AUDITOR CASUALTY INS. CO.		10b. KIND OF BUSINESS OR INDUSTRY MARYLAND INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) CAMBRIDGE, MASS. 1	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM R. BLACKMAN		13b. MOTHER'S MAIDEN NAME ELIZABETH SARGENT		14. NAME OF HUSBAND OR WIFE MRS. JEANNETTE KAY BLACKMAN	
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. 486-01-4773 A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JEANNETTE KAY BLACKMAN 5110 BROOKSIDE KAN. 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac decompensation				INTERVAL BETWEEN ONSET AND DEATH 7 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis				years.	
		DUE TO (c) Senility				?	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal bronchopneumonia				4343	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 12-11, 1954, to 2-26, 1955 , that I last saw the deceased alive on 2-26, 1955 , and that death occurred at 2:30 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE M. D. Osgood				23b. ADDRESS 928 Professional Bldg., K.C. Mo.		23c. DATE SIGNED 2-28-56	
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR. 1 1955		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.	
DATE REC'D BY LOCAL REG. 3-1-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert F. Savage*

Licensed Embalmer No. *481*

P. O. Address *Kansas*

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.