

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1955

State File No. **22030**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2831</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (If this place) <u>Life</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Med. Center</u>				e. STREET ADDRESS (If rural, give location) <u>7003 Montgalt</u>				3 rd 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Blattman</u>			c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <u>July, 3, 55</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10-3-07</u>	
9. AGE (In years last birthday) <u>47</u>		10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Plant Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Osage Paint & Varnish Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Blattman</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Ruth</u>			14. NAME OF HUSBAND OR WIFE <u>Bernadine</u>			
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. <u>500-20-7291</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bernadine Blattman</u>				ADDRESS <u>7003 Montgalt</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Hypertension (Malignant Nephrosclerosis)</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy of heart, marked -</u> DUE TO (c) <u>Pneumonia, severe, bilob.</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic aortic valvulosis</u>						<u>441X</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) _____		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>5-20</u> , 19 <u>53</u> , to <u>7-3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-2</u> , 19 <u>55</u> , and that death occurred at <u>5 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>David Waxman</u> (Degree or title) _____				23b. ADDRESS <u>480 - project</u>		23c. DATE SIGNED <u>7-3-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-4-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McKelley-Eyles</u>		ADDRESS <u>1800 E. Linwood</u>		

(Licensed Embalmer's Statement on Reverse Side)

KC, Mo.

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

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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 *Arthur Eugene Hook*

Licensed Embalmer No. *497*

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