

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37137

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 470

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) OR TOWN Independence		c. CITY OR TOWN Blue Springs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 4 weeks		e. STREET ADDRESS (If rural, give location) South 16th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			

3. NAME OF DECEASED (Type or Print) Blith	a. (First) M	b. (Middle) Way	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 11-26-55
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 5, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 7 Days 7	IF UNDER 24 HRS. Hours 7 Min. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Phillips County, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Jennings	13b. MOTHER'S MAIDEN NAME Elizabeth Mc Cormick	14. NAME OF HUSBAND OR WIFE Everett Way (Deceased)
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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. 506-03-9631	17. INFORMANT'S SIGNATURE OR NAME Mary Callaghan, Blue Sprs., Mo	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac failure		12 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dehydration + arterial sclerosis DUE TO (c) Fracture l. femur		3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 9049	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 10, 1953, to 11-26, 1955, that I last saw the deceased alive on 11-25, 1955, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Merrell R. Bay MD	23b. ADDRESS Blue Springs Mo	23c. DATE SIGNED 11-26-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11-28-55	24c. NAME OF CEMETERY OR CREMATORY Rising City	24d. LOCATION (City, town, or county) (State) Rising City, Nebraska
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DATE REC'D BY LOCAL REG. 11-28-55	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home, Blue Springs, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956 FEB 8 8 03

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 *John R. Duda*
Licensed Embalmer No. *45*
P. O. Address *James*

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.