

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39989**BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SMITHVILLE</u>		c. CITY OR TOWN <u>Linden</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		STREET ADDRESS (If rural, give location) <u>6000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SMITHVILLE HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KIRK</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Blue</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>OCT 2, 1954</u>	9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>North Kansas City Mo</u>	
12. CITIZEN OF WHAT COUNTRY?					

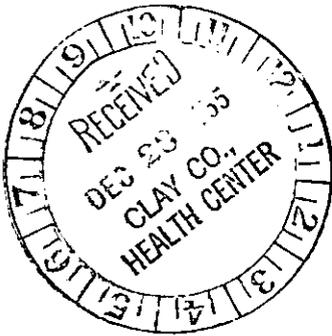
13a. FATHER'S NAME <u>JACK C. BLUE</u>		13b. MOTHER'S MAIDEN NAME <u>KATHRYN FETTERS</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JACK C. BLUE Linden.</u>	
				ADDRESS <u>MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis, overwhelming</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0534</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</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) (Min.)		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 12-20, 1955, to 12-20, 1955, that I last saw the deceased alive on 12-20, 1955, and that death occurred at 8:32 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Weldon J. Spontaman M.D.</u>		23b. ADDRESS <u>Gaslane, Mo.</u>		23c. DATE SIGNED <u>12-22-55</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>12-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcome's Sons N.K.C.</u>			
DATE REC'D BY LOCAL REG. <u>12-22-55</u>		REGISTRAR'S SIGNATURE <u>Marquerite Ludgens</u>		ADDRESS <u>494</u>	



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 *Glen H. Hill*.....

Licensed Embalmer No...45

P. O. Address...K. C. 16

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.