

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20407**

FILED JUL 5 1956

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2682**

WRITE PLAINLY USING INK—MAKE A PERMANENT RECORD

| | | | | | |
|--|-------------------------|---|---|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY Ch Jackson | | a. STATE Missouri | | b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City | | 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"/> | |
| c. LENGTH OF STAY (in this place) 15 yrs. | | e. STREET ADDRESS (If rural, give location) 3241 Harrison | | 3498 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lewellen Nursing Home 623 Euclid | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Charles Joseph | | | b. (Middle) Blocklinger | | c. (Last) |
| | | | June 15 1956 | | |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years) | IF UNDER 1 YEAR |
| Male | White | Single | Feb 3 1889 | 27 6/7 | Months |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) | |
| Janitor | | Apartments | | Dubuque Iowa | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE | |
| Joseph Blocklinger | | Mary Marie Sullivan | | ----- | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME | |
| None | | 499-16-9249 | | Katgerube Muehlefeith 504 Benton | |
| 18. CAUSE OF DEATH | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis | | | 3 yrs |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | 3 yrs |
| | | DUE TO (b) Arteriosclerosis | | | |
| | | DUE TO (c) | | | |
| | | 11. OTHER SIGNIFICANT CONDITIONS | | | 4500 |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| | | | | | YES <input type="checkbox"/> NO <input checked="" 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 | | 21f. HOW DID INJURY OCCUR? | |
| | | WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 22. I hereby certify that I attended the deceased from 4-1-56, 19___, to 6-15-56, that I last saw the deceased alive on 6-15-56, 19___, and that death occurred at 3 P. m., from the causes and on the date stated above. | | | | | |
| 23. SIGNATURE (Degree or title) <i>Paul Lawrence MA</i> | | | 23b. ADDRESS 478 S. White Ave | | 23c. DATE SIGNED 6-15-56 |
| 24a. BURIAL CREMATION REMOVAL (Specify) | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | |
| Burial-Removal | | 6-19-56 Mt Calvary | | Kansas City Kansas | |
| DATE REC'D BY LOCAL REG. | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE | |
| 6-19-56 | | <i>Neval Minshall</i> | | Melody Mc Gilley Eylar Kan City Missouri | |

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 *Melvin Barton*

Licensed Embalmer No. 490

P. O. Address KC7

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.