

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41360

STATE FILE NUMBER

5273

FILED DEC 21 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5273

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp. # 1		Length of stay in lb 10 yrs	d. STREET ADDRESS 7409 Main St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Floyd C Blacksmith	First Middle Last	4. DATE OF DEATH Dec. 3, 1956	Month Day Year
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4-28-1898	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and state or country) Lingo Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Anthony E Blacksmith	14. MOTHER'S MAIDEN NAME Elizabeth Collins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. unk	17. INFORMANT Elizabeth Blacksmith 1108 W 81st St
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5810
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Esophageal varices	
	DUE TO (c) Cirrhosis of liver	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Jackson	COUNTY Jackson	STATE MO
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21. I attended the deceased from **Dec. 1, 1956** to **Dec. 3, 1956** and last saw **him** alive on **Dec. 3, 1956**
Death occurred at **11:25 pm** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns, M.D. (Degree or title)	22b. ADDRESS 24th & Cherry Sts.	22c. DATE SIGNED 12/4/56
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. NAME OF CEMETERY OR CREMATORY Floral Hills	23c. LOCATION (City, town, or county) (State) Jackson Co MO
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24. FUNERAL DIRECTOR France-Wornall Funeral Home	ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 12-6-56	26. REGISTRAR'S SIGNATURE newarminshell
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(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
B. I. Burns

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 *Russell N. Fran*

Licensed Embalmer No. *4*

P. O. Address *K.C.*

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.