

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1956

41361
STATE FILE NUMBER
5274

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

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) KANSAS CITY OR TOWN KANSAS CITY				c. CITY OR TOWN KANSAS CITY			
c. FULL NAME OF (If NOT in hospital, give location) 2529 Bales				d. STREET ADDRESS 2529 Bales			
3. NAME OF DECEASED (Type or print) First GEORGE Middle BLACKWELL Last				4. DATE OF DEATH Month December Day 5 Year 1956			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan 10, 1866	
9. AGE (In years last birthday) 90 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and state or country) Kimmswick, Missouri	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Alice Bingham 2529 Bales	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Arterial Hypertension DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). Senility						INTERVAL BETWEEN ONSET AND DEATH 331X	
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 11/28/56 Month 12/5/56 Day 12/5/56 a. m. 12/5/56 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 Crystal City, Missouri			
21. I attended the deceased from 11/28/56 to 12/5/56 and last saw her alive on 12/5/56 Death occurred at 2122 Tr Road on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE L. S. Daigle (Degree or title) M.D.				22b. ADDRESS 2122 Tr Road			
22c. DATE SIGNED 12/6/56				22d. DATE SIGNED 12/6/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal				23b. DATE 12/6/56			
23c. NAME OF CEMETERY OR CREMATORY Crystal City, Missouri				23d. LOCATION (City, town, or county) Crystal City, Missouri			
24. FUNERAL DIRECTOR WATKINS BROS. FN. HM. 18th & Benton				25. DATE RECD. BY LOCAL REG. 12-6-56			
26. REGISTRAR'S SIGNATURE Reva Minshall				26. REGISTRAR'S SIGNATURE			

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.....
Bruce R. Watkins

Licensed Embalmer No...*43*

P. O. Address...*1844*

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