THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24414
STATE FILE NUMBER

FILED AUG 12 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3399

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4614 Fairmount — Length of stay in 1b 55 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No
d. STREET ADDRESS 4614 Fairmount (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First JOHN Middle N. Last BLOMQUIST
4. DATE OF DEATH Month July Day 18 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH April 6, 1881
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor
10b. KIND OF BUSINESS OR INDUSTRY Business
11. BIRTHPLACE (City and state or country) Sweden
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Claus Blomquist
13b. MOTHER'S MAIDEN NAME Ottilia Klock
14. NAME OF WIFE Mrs. Alma O. Blomquist
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-36-4876
17. INFORMANT Mrs. Alma O. Blomquist, Address Kansas City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Infarction of Myocardium due to — 2 days
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c) Arteriosclerotic Heart Disease — 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/19/56, to 7/18/57 and last saw her/him alive on 7/17/57
Death occurred at 8:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert W Hamill MD (Degree or title)
22b. ADDRESS Kansas City, Mo
22c. DATE SIGNED 7/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-20-57
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery
23d. LOCATION (City, town, or county) Kansas City, Mo. (State)

24. FUNERAL DIRECTOR Freeman Mortuary, ADDRESS Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 7-20-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Robert W. Hamill

Dr. Jarvis
4620 Nichols pkwy.

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 Clayton K Barnes

Licensed Embalmer No. 4793

P. O. Address K.C., Mo

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.

KP
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