

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31716**
3965

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. 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, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 2 yrs		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"/>			
4 d. FULL NAME OF HOSPITAL OR INSTITUTION WYNN'S REST HOME				STREET ADDRESS (If rural, give location) 3024 BROOKLYN					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIE			b. (Middle)			c. (Last) BLACKWELL			
4. DATE OF DEATH AUG. 22, 1957		5. SEX Male		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 12, 1889	
9. AGE (In years last birthday) 68 yrs		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SANITARY DEPT. OF CITY			10b. KIND OF BUSINESS OR INDUSTRY NONE			11. BIRTHPLACE (City and State or Foreign Country) MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM BLACKWELL			13b. MOTHER'S MAIDEN NAME ANNA COLEMAN			14. NAME OF HUSBAND OR WIFE VALLIE BLACKWELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. CAMILLA VAUGHANS				ADDRESS 3024 Brooklyn	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hypertensive Heart Disease Arterial Hypertension 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.						INTERVAL BETWEEN ONSET AND DEATH 443x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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 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 8/21, 1957 to 8/22, 1957 that I last saw the deceased alive on 8/21, 1957 , and that death occurred at 2:35 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE L.S. Daigle, M.D.				23b. ADDRESS 2122 Truman Rd				23c. DATE SIGNED 8/23/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-24-57		24c. NAME OF CEMETERY OR CREMATORY BLUE RIDGE LAWN		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI			
DATE REC'D BY LOCAL REG. 8-24-57		REGISTRAR'S SIGNATURE Reva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE MRS. MEEK'S MORTUARY				
					ADDRESS K. C. MO.				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. S. Daigle



SEP 24 1957

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 *Millard B. Paskin*

Licensed Embalmer No. 5013

P. O. Address *15 C. M.*

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.