

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014073

STATE FILE NUMBER

1728

FILED MAY 2 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. M. Tillman

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		c. CITY OR TOWN Kansas City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1708 Troost		Length of stay in lb 30 days	
d. STREET ADDRESS 1708 Troost		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Richard Blackburn		4. DATE OF DEATH Month Day Year April 2, 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1905
9. AGE (In years last birthday) 52		10. FUNDER YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Overton Coal Co	
11. BIRTHPLACE (City and state or country) Muskogee, Okla.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 513-20-2835	
17. INFORMANT Mrs. Altha Mae Johnson - 1206 E. 14th. St.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intracranial Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Penetrating Gunshot Wound of Skull</u> 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 checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Don't Know</u>	
20c. TIME OF INJURY Hour Minute p.m. 10:40 4/2/1958		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1708 Troost Ave Kansas City, Jackson, Mo.	
20e. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City, Jackson, Mo.			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Deputy Coroner</u>		22b. ADDRESS 1618 Lydia Ave	
22c. DATE SIGNED 4/3/1958			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 4-18-58		23c. NAME OF CEMETERY OR CREMATORY Blue Ridge	
23d. LOCATION (City, town, or county) Kansas City, Mo.			
24. FUNERAL DIRECTOR <u>Ernesting Bills</u>		25. DATE RECD. BY LOCAL REG. 4-4-58	
26. REGISTRAR'S SIGNATURE <u>newminshall</u>			



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 *E. Steubing Bulla*

Licensed Embalmer No. *3178*.....
P. O. Address *1212*.....

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.