

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021805
State File No.

FILED JUN 16 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2800

1. PLACE OF DEATH a. COUNTY <u>JACKSON COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>KANSAS CITY, KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY OR TOWN <u>KANSAS CITY, MISSOURI</u> c. LENGTH OF STAY (in this place) <u>1 MONTH</u>		c. CITY OR TOWN <u>KANSAS CITY</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>4909 MONAHAW DRIVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RODGER</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>BLANCHARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 31 1958</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JUNE 7 1932</u>		9. AGE (In years last birthday) <u>25</u>		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) <u>MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BLANCHARD DUSTRY CLEANERS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MANHATTAN, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>DANIEL BLANCHARD</u>		13b. MOTHER'S MAIDEN NAME <u>RUTH BECKER</u>		14. NAME OF HUSBAND OR WIFE <u>WALTREEN BLANCHARD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NA</u>		16. SOCIAL SECURITY NO. <u>524-32-200</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS WALTREEN BLANCHARD 4909 MONAHAW</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerulo-nephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6-7 years</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5924</u>

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) (m.)		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 2 June 58, 1958, to 31 May, 1958, that I last saw the deceased alive on 31 May, 1958, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Blaine Z. Hubbard MD</u>		23b. ADDRESS <u>411 Nichols Rd KEMO</u>		23c. DATE SIGNED <u>2 June 58</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 3 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>MANHATTAN, KANSAS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u> ADDRESS <u>851 EAST WILSON KANSAS CITY, MO</u>			
DATE REC'D BY LOCAL REG. <u>6-3-58</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD
Blaine Z. Hubbard



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 *Chester K Brown*

Licensed Embalmer No. *493*

P. O. Address *KC 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.