

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044552

STATE FILE NUMBER

FILED JAN 13 1959

Registration District No. 146

Primary Registration District No. 4237

Registrar's No. 9

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Raytown</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Raytown</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>5339 Ridgeway</u>		Length of stay in lb <u>Lifetime</u>	d. STREET ADDRESS (If outside, give location) <u>5339 Ridgeway</u>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Adams</u> Last <u>Blue</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>26</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb-23-1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u> IF UNDER 24 HRS. Hours <u>3</u> Min.
11. BIRTHPLACE (City and state or country) <u>Buckner Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jonathan Blue</u>		13b. MOTHER'S M maiden NAME <u>Hettie Reber</u>	
14. NAME OF HUSB AND OR WIFE <u>Edith Whitthouse Blue</u>		15. DECEASED EVER IN U. S. ARMED FORCES? (Yes, no; or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>495-10-9333A</u>		17. INFORMANT Address <u>Edith H. Blue, 5339 Ridgeway Raytown Mo.</u>	
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>acute myocardial Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Rheumatic Heart Disease</u>			<u>8 years?</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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ Month _____ Day _____ Year _____ a.m. _____ 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 _____ COUNTY _____ STATE _____		
21. I attended the deceased from <u>29 Sept 1950</u> , to <u>26 Dec 1958</u> and last saw <sup>him</sup> him alive on <u>22 Dec 1958</u> Death occurred at <u>11:45 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Jack M Davis MD</u>		22b. ADDRESS <u>Raytown Mo</u>	
22c. DATE SIGNED <u>27 Dec 58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 29, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brookings Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Raytown Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Clark Heger, Raytown Mo</u>		25. DATE REC'D. BY LOCAL REG. <u>12-29-58</u>	26. REGISTRAR'S SIGNATURE <u>James H. [Signature]</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FEB 18 1959

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 *Clark H. Agent* .....

Licensed Embalmer No. *3983* .....

P. O. Address. *Raytown, 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.