...URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-039928

STATE FILE NUMBER

...MENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5730

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 30 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp #1
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 1219 E 10th (If outside, give location)
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Pauline Middle Last Blunt
4. DATE OF DEATH Month 11 Day 24 Year 59
5. SEX Female
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-25-28
9. AGE (last birthday) 31
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician
10b. KIND OF BUSINESS OR INDUSTRY Cosmetics
11. BIRTHPLACE (City and state or country) Texas. U.S.A.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Paul Blunt (D)
13b. MOTHER'S MAIDEN NAME Mary Lee (D)
14. NAME OF HUSBAND OR WIFE None
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. None
17. INFORMANT Elmeta Brackson Address K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Malignant hypertension
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or 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 11-21-59 to 11-24-59 and last saw her/him alive on 11-24-1959
Death occurred at 6:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF J. Dwyer

22a. SIGNATURE A L Dwyer (Degree or title) M.D.
22b. ADDRESS 2400 Cherry K.C. Mo
22c. DATE SIGNED 11/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-28-59
23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery
23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR Mrs. Meek's Mortuary ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 11-28-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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

by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Millard B Vaska

Licensed Embalmer No. 5013

P.O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.