

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011340

FILED VS APR 5 1960 146

Registration District No. Primary Registration District No. 3026 Registrar's No. 189

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON		Length of stay in lb		a. STATE MISSOURI b. COUNTY JACKSON		Inside Limits	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		60 years		c. CITY OR TOWN INDEPENDENCE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.			Inside Limits	d. STREET ADDRESS (If outside, give location) 10501 East 27th St.		Reside on Farm	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED			First	Middle	Last	4. DATE OF DEATH	
(Type or print)			MINNIE	MAE	BLY	Month Day Year	
						March 28, 1960	
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
Female	White			12-19-1894	65	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
Housewife		Domestic		Ottawa, Kansas		U.S.A.	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		
John Gleason			Annabell Warren		Adolph A. Bly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT		Address		
no		no	None		Adolph A. Bly, 10501 E. 27th St., Kndep., Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Massive Anterior Coronary Occlusion</i>							<i>1 Day</i>
DUE TO (b) <i>Coronary Sclerosis</i>							
DUE TO (c)							
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.
<i>Diabetes Mellitus Obesity & Hypertension</i>							<input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
20c. TIME OF INJURY	Hour	Month, Day, Year					
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 <i>2-14-50</i> to <i>3-28-60</i> and last saw her ^{her} _{him} alive on <i>3-28-60</i>							
Death occurred at <i>10:00 Pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
<i>H. G. Dabiel M.D.</i>				<i>1210 Oak Independence Mo</i>		<i>3-29-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
Burial	3-31-60	Mt. Washington Cemetery		Kansas City 22, Missouri			
24. FUNERAL DIRECTOR			ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
Geo. C. Carson & Sons, Independence, Mo.					3-31-60	<i>James Craig</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUN 26 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm H Cantrell

Licensed Embalmer No. 2082

P. O. Address Indep, Mo

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