

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960

3316-60-023061
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3316

1. PLACE OF DEATH a. COUNTY JACKSON COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 1 DAY		c. CITY OR TOWN SHAWNEE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 6201 INDEP AVE.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 12712 W 51ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First LYLE Middle R Last BLIZZARD				4. DATE OF DEATH Month 6 Day 22 Year 60									
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/9/1903		9. AGE (last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT CUTTER				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) JAMESPORT MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME JAMES BLIZZARD				13b. MOTHER'S MAIDEN NAME NO RECORD				14. NAME OF HUSBAND OR WIFE ETHEL MAY BLIZZARD					
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. 509-20-6024		17. INFORMANT Address SHAWNEE ETHEL MAY BLIZZARD 12713 W 51 KS.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) arteriosclerotic heart disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Sheil Funerals Home						22b. ADDRESS 6627 Brookside St Shawnee				22c. DATE SIGNED 6-22-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 6-23-60		23c. NAME OF CEMETERY OR CREMATORY OLD MISSION		23d. LOCATION (City, town, or county) (State) WICHITA KS							
24. FUNERAL DIRECTOR SHEIL FUNERAL HOME				ADDRESS 6606 INDEP AVE.		25. DATE RECD. BY LOCAL REG. 6-23-60		26. REGISTRAR'S SIGNATURE Nevo Marshall					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

G. Nealhofer

1961
9-702

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 Gay E. Shelton

Licensed Embalmer No. 4700

P. O. Address Independence

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.