

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1 1960

-60-037784

DED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 160

STATE FILE NUMBER

|                                                                                                                                                                                                 |                                        |                                                                                                                                                             |                                                       |                                                                                                                                                      |                                                                                                                                                                      |                                  |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CLAY</u>                                                                                                                                                      |                                        |                                                                                                                                                             |                                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>                   |                                                                                                                                                                      |                                  |                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>NORTH KANSAS CITY</u> Length of stay in lb <u>8 yrs</u>                                                                 |                                        |                                                                                                                                                             |                                                       | c. CITY OR TOWN <u>North Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                           |                                                                                                                                                                      |                                  |                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>2016 FAYETTE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            |                                        |                                                                                                                                                             |                                                       | d. STREET ADDRESS (If outside, give location) <u>2016 Fayette</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                                                                                                                                                      |                                  |                                  |
| 3. NAME OF DECEASED<br>(Type or print) First <u>James</u> Middle <u>ARTHUR</u> Last <u>Blackwell</u>                                                                                            |                                        |                                                                                                                                                             |                                                       | 4. DATE OF DEATH Month <u>OCT</u> Day <u>13</u> Year <u>1960</u>                                                                                     |                                                                                                                                                                      |                                  |                                  |
| 5. SEX <u>Male</u>                                                                                                                                                                              | 6. COLOR OR RACE <u>white</u>          | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-17-1895</u>                    | 9. AGE (last birthday) <u>64</u>                                                                                                                     | IF UNDER 1 YEAR<br>Months Days Hours Min.                                                                                                                            |                                  | IF UNDER 24 HR                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Engineer Burlington R.R.</u>                                                                  |                                        |                                                                                                                                                             | 10b. KIND OF BUSINESS OR INDUSTRY <u>Chicago, Ill</u> |                                                                                                                                                      | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>                                                                                                                            |                                  |                                  |
| 13a. FATHER'S NAME <u>Arthur Blackwell</u>                                                                                                                                                      |                                        |                                                                                                                                                             | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Neyle</u>      |                                                                                                                                                      | 14. NAME OF HUSBAND OR WIFE <u>Bernice Crossley</u>                                                                                                                  |                                  |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>                                                                           |                                        |                                                                                                                                                             | 16. SOCIAL SECURITY NO. <u>None</u>                   |                                                                                                                                                      | 17. INFORMANT Address <u>Bernice Crossley 1815 Center</u>                                                                                                            |                                  |                                  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>                                       |                                        |                                                                                                                                                             |                                                       |                                                                                                                                                      |                                                                                                                                                                      |                                  | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.                                                                                                      |                                        |                                                                                                                                                             |                                                       |                                                                                                                                                      |                                                                                                                                                                      |                                  | DUE TO (b)                       |
|                                                                                                                                                                                                 |                                        |                                                                                                                                                             |                                                       |                                                                                                                                                      |                                                                                                                                                                      |                                  | 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                  |                                  |
| 19. WAS AUTOPSY PERFORMED?<br>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 <u>a.m.</u> Month, Day, Year                                                                                                                                           |                                        |                                                                                                                                                             |                                                       |                                                                                                                                                      |                                                                                                                                                                      |                                  |                                  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 him alive on _____<br>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) <u>D. W. Hume M.D. (Coroner)</u>                                                                                                                               |                                        |                                                                                                                                                             |                                                       | 22b. ADDRESS <u>North Kansas City, Mo</u>                                                                                                            |                                                                                                                                                                      | 22c. DATE SIGNED <u>10/15/60</u> |                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                      | 23b. DATE <u>10-17-60</u>              | 23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cem</u>                                                                                                    |                                                       | 23d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Ka</u>                                                                              |                                                                                                                                                                      |                                  |                                  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>D.W. Hume &amp; Sons R.C.K.</u>                                                                                                                              |                                        | 25. DATE RECD. BY LOCAL REG. <u>10-16-60</u>                                                                                                                |                                                       | 26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>                                                                                                  |                                                                                                                                                                      |                                  |                                  |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 8 1960

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John V. H. Lennick  
Licensed Embalmer No. 4841  
P. O. Address N. C. 17, N.

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