

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041880

FILED VS DEC 12 1960

149

Primary Registration District No. 1002 Registrar's No. 5758

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1920		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5810 Wabash			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5810 Wabash		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MR. WALTER Middle A Last BLOCH			4. DATE OF DEATH Month Nov. Day 15, Year 1960					
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 5-2-92	9. AGE (last birthday) 68	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) Auto Mechanic-ret.		10b. KIND OF BUSINESS OR INDUSTRY Nickson Serv. Sta.		11. BIRTHPLACE (City and state or country) Johnstown, Penn.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Conrad Bloch			13b. MOTHER'S MAIDEN NAME Manita Bittenger		14. NAME OF HUSBAND OR WIFE Gussie R. Bloch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW# 1 - Army			16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Gussie Bloch-- 5810 Wabash			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH Immediate		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease						years		
DUE TO (c) Cor Pulmonale, Emphysema						years		
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 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 _____ a.m. _____ p.m. 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 July, 1960 to present and last saw her/him alive on Nov 15th, 1960 Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE John S. Myers M.D.				22b. ADDRESS 815 Shukert Bldg, R.E., 6, Mo.		22c. DATE SIGNED 11-15-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-17-60	23c. NAME OF CEMETERY OR CREMATORY Columbus Cemetery		23d. LOCATION (City, town, or county) Holden, Missouri		(State)		
24. FUNERAL DIRECTOR Melody-McGilley-Eylar-1800 E. Linwood			25. DATE RECD. BY LOCAL REG. 11-16-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
John S. Myers

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 James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address K. C. Mo

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