

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001968

AMENDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 32

STATE FILE NUMBER

FILED VS FEB 14 1961

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in 1b 16 Yrs.	c. CITY OR TOWN Warrensburg Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 403 E. Gay St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 403 E. Gay St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Edgar Middle Ellsworth Last Bliss			4. DATE OF DEATH Month Feb. Day 11 Year 1961	
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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 5-18-97	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxicab Operator	10b. KIND OF BUSINESS OR INDUSTRY Taxicab Co.	11. BIRTHPLACE (City and state or country) Upton, Wyoming	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Edgar E. Bliss	13b. MOTHER'S MAIDEN NAME Katie M. Robinson	14. NAME OF HUSBAND OR WIFE Elma Walker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.I	16. SOCIAL SECURITY NO.	17. INFORMANT Glen Bliss, Warrensburg, Missouri.
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral aneurysm		INTERVAL BETWEEN ONSET AND DEATH 17 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Aneurysm Cortex Right Kidney	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 _____
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21. I attended the deceased from **March 1, 1960** to **Feb 11, 1961** and last saw her alive on **Feb 11, 1961**
Death occurred at **2-11-61 1:15 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE 	(Degree or title) M.D.	22b. ADDRESS Warrensburg, Missouri.	22c. DATE SIGNED Feb 13 1961
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-13-61	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	23d. LOCATION (City, town, or county) (State) RFD 4 Warrensburg, Missouri.
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24. FUNERAL DIRECTOR Sweeney Phillips, Warrensburg, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Feb. 13, 1961	26. REGISTRAR'S SIGNATURE
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FEB 15 1961

MAR 27 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Monica D. Buckley

Licensed Embalmer No. 4887

P. O. Address Warrensburg, Mo.

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.