

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4820 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Sam J. Hooper

FILED OCT 8 1962

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 3 Days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Jackson
 c. CITY OR TOWN Lee's Summit Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No
 1401 West 1st, Street

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
 Cecil Okie Bly Sept. 18 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH June 15 1898 9. AGE (last birthday) 64
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Ft, Scott Kansas 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Henry Godsey 13b. MOTHER'S MAIDEN NAME Allie Slaughter 14. NAME OF HUSBAND OR WIFE Irvin Bly (deceased)

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. None 17. INFORMANT Address Herbert Bly Lee's Summit Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Hemorrhage
 DUE TO (b) Arteriosclerosis
 DUE TO (c) ?
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 Aug 18-62 to Sept 18-62 and last saw her alive on Sept 18-62
 Death occurred at 7:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Sam J. Hooper, MD 22b. ADDRESS 12921 Grandview Rd., G.V., Mo. 22c. DATE SIGNED 18 Sept, 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 9/21/1962 23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Mo. 23d. LOCATION (City, town, or county) Lee's Summit Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home Lee's Summit Mo. 25. DATE RECD. BY LOCAL REG. 9-20-62 26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

OCT 8 1962

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 W B Langford Sr

Licensed Embalmer No. 3833

P. O. Address Lees Summit
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.