

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022305

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 118

FILED JUL 9 1962

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <i>Clay</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Clay</i> Inside Limits c. CITY OR TOWN <i>North Kansas City</i> Inside Limits d. STREET ADDRESS <i>501 E. 31 St. Ave</i> Reside on Farm			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>North Kansas City</i> Length of stay in lb <i>2 yrs</i>				c. CITY OR TOWN <i>North Kansas City</i>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>N. KC Mem. Hospital</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				d. STREET ADDRESS <i>501 E. 31 St. Ave</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>William PATRICK Blum</i>				4. DATE OF DEATH July 2- 1962			
5. SEX <i>MALE</i>		6. COLOR OR RACE <i>Cauc.</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>6-9-1899</i> 9. AGE (last birthday) <i>63</i> IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HR <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Factory Rep.</i>			
11. BIRTHPLACE (City and state or country) <i>TOPEKA, KANSAS</i>				12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>			
13a. FATHER'S NAME <i>ROBERT Blum</i>				13b. MOTHER'S MAIDEN NAME <i>Elizabeth QUANCY Lucille BLUM</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>YES</i> <i>WWII</i>				16. SOCIAL SECURITY NO. <i>480-09-9499</i> 17. INFORMANT <i>Mrs. Frieda Briggs</i> Address <i>501 E. 31 St. Ave</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral vascular accident</i>				INTERVAL BETWEEN CINSET AND DEATH <i>5 days.</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Generalized arteriosclerosis</i>							
DUE TO (c) <i></i>							
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 <i>27 June 1962</i> to <i>2 July 1962</i> and last saw him alive on <i>2 July 1962</i> Death occurred at <i>11:00 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>R. D. Lawyer</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>1806 Briggs Ave., North Kansas City, Mo.</i>		22c. DATE SIGNED <i>7/3/62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>7-6-62</i>		23c. NAME OF CEMETERY OR CREMATORIAL <i>NATIONAL Cemetery FT. LEAVENWORTH, KANS.</i>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <i>D. W. Newcomers Sons</i>		ADDRESS <i>No. KAN. CITY, MO.</i>		25. DATE RECD. BY LOCAL REG. <i>7-5-62</i>		26. REGISTRAR'S SIGNATURE <i>Marguerite Judgens</i>	

1806
SWIFT
DR. Dwyer

2961 117m

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

John D. Henick Jr.

Licensed Embalmer No. 4848

P. O. Address H. C. 12, Mass.

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.