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## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022305

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 118

STATE FILE NUMBER

FILED JUL 9 1962

1. PLACE OF DEATH  
a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN North Kansas CityLength of stay in 1b  
2 YRSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION N.K.C. Mem. HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO b. COUNTY Clayc. CITY  
OR TOWN North Kansas CityInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
501 E. 31st AVEReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
William Patrick Blum4. DATE  
OF DEATHMonth Day Year  
July 2- 1962

5. SEX

MALE

6. COLOR OR RACE

Cauc.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-9-1899

9. AGE (last birthday)

63

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)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

FACTORY Rep.

11. BIRTHPLACE (City and state or country)

TOPEKA, KANSAS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ROBERT BLUM

13b. MOTHER'S MAIDEN NAME

ELIZABETH QUANCY LUCILLE BLUM

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

YES WWII

16. SOCIAL SECURITY NO.

480-09-9499

17. INFORMANT

MRS. FRIEDA BRIGGS NO. KAN. CITY, 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)

Cerebro vascular accident

INTERVAL BETWEEN  
ONSET AND DEATH

5 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Generalized arteriosclerosis

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.☐ Yes ☐ No ☐ Unknown19. 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  
INJURYHour 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

27 June 1962 to 2 July 1962

and last saw him alive on 2 July 1962

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

R. Blum M.D.

(Degree or title)

22b. ADDRESS

1806 1/2 E. 31st Ave.  
North Kan City Mo

22c. DATE SIGNED

7/3/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

23b. DATE

7-6-62

23c. NAME OF CEMETERY OR CREMATORY

NATIONAL Cemetery FT. LEAVENWORTH, KANS.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

NO. KAN. CITY, MO.

D.W. NEWCOMER'S SONS

25. DATE RECD. BY LOCAL REG.

7-5-62

26. REGISTRAR'S SIGNATURE

Marguerite Higgins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

6004

26004

3

4 0

5 2

6

7 1

8 0

9331X

10

11

126-0

13 2-0

1806  
SWIFT  
DR. DWYER

JUL 11 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 John D. Lennick, Jr.  
Licensed Embalmer No. 4848  
P. O. Address H. C. 12, 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.