

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37128**
4847

BIRTH NO. 71938-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 11</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 47</u>	
c. LENGTH OF STAY (In this place) <u>31 hr. 42 min.</u>		d. STREET ADDRESS (If rural, give location) <u>3327 Baltimore</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Linda</u>	(Middle) <u>Lee</u>	c. (Last) <u>Bliss</u>	4. DATE OF DEATH (Month) <u>11</u> (Day) <u>14</u> (Year) <u>49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>newborn</u>	8. DATE OF BIRTH <u>11-13-1949</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>31</u> Min. <u>42</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>newborn</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>newborn</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				

13a. FATHER'S NAME <u>Ralph Samuel Bliss</u>	13b. MOTHER'S MAIDEN NAME <u>Carole Mc Bride</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Ralph Bliss</u> ADDRESS <u>3327 Baltimore</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral anoxia.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11-13-49</u> <u>11-14-49</u> <u>31 hrs 42 min</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prolapsed cord.</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>7610</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 11-13, 1949, to 11-14, 1949, that I last saw the deceased alive on 11-14, 1949, and that death occurred at 11:53 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. W. Wise M.D.</u>	23b. ADDRESS <u>0 Plaza Tower Bldg KCMO</u>	23c. DATE SIGNED <u>11-14-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-15-49</u>	REGISTRAR'S SIGNATURE <u>Sarah Jane Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u> ADDRESS <u>Kansas City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *Max W. Kirkendoll*

Licensed Embalmer No. *4632*

P. O. Address *K.C., 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 this body is not embalmed, fact should be so stated above.