

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4654

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>704</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If 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) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>21 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		<u>2348</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteo pathic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5600 EAST 27th STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u> <u>HERBERT</u>		b. (Middle) <u>RANKIN</u>		c. (Last) <u>BLAIR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 12 1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB-19-1871</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of year. Even if retired) <u>RETIRED SALESMAN</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>CONDENSED MILKING MACHINES CO.</u>		11. BIRTHPLACE (State or foreign country) <u>Solomon KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>OLIVER BLAIR</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH JANE BELL</u>	
14. NAME OF HUSBAND OR WIFE <u>BERNICE BLAIR</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-24-3027</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. BERNICE BLAIR</u>				ADDRESS <u>5600 EAST 27th ST. KANSAS CITY, MO.</u>			
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>Acute Posterior Ventricular Infarct</u>				INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Coronary sclerosis</u>				Indefinite			
DUE TO (c) <u>E Congestive Heart failure</u>				<u>4201</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arterio sclerosis</u>				Indefinite			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <u>Jan 26, 1951</u> , to <u>Feb 12, 1951</u> , that I last saw the deceased alive on <u>Feb 12, 1951</u> , and that death occurred at <u>6:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. I. Schindler</u> <u>E. I. Schindler</u>				23b. ADDRESS <u>D.O. 421 Schubert Bldg.</u>		23c. DATE SIGNED <u>2-13-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-15-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-15-51</u>		REGISTRAR'S SIGNATURE <u>M. H. Newcomer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. H. Newcomer</u>		ADDRESS <u>1331 BUSH CREEK KANSAS CITY, MO.</u>	

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. 707

working under my personal supervision.

Student

John B. Lewis Jr.
Student Embalmer

Signed

Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address

15 E. 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.