

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.**

15620

State File No. _____

No. 300
10-48

FILED JUN 11 1951

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>600</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.)		
a. COUNTY <u>Buchanan</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>420 S. 10th Street</u>		d. STREET ADDRESS (If rural, give location) <u>420 S. 10th Street</u> <u>0</u>		
3. NAME OF DECEASED			4. DATE OF DEATH	
a. (First) <u>Zackierious</u>			(Month) (Day) (Year) <u>May 31, 1951.</u>	
b. (Middle) _____			c. (Last) <u>Blacketer</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>July 19, 1889</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Y.W.C.A.</u>		11. BIRTHPLACE (State or foreign country) <u>Oregon, Missouri.</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Jacob Blacketer</u>		
13b. MOTHER'S MAIDEN NAME <u>Mary Jane Middleton</u>		14. NAME OF HUSBAND OR WIFE <u>Leora Blacketer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-20-6413</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Leora Blacketer St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio Sclerosis</u>		
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>		
		DUE TO (c) <u>Coronary Occlusion</u>		
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>5/30</u>, 19<u>51</u>, to <u>5/31</u>, 19<u>51</u>, that I last saw the deceased alive on <u>5/30</u>, 19<u>51</u>, and that death occurred at <u>6:30A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>A. S. Zachow D.D.</u>			23b. ADDRESS <u>408 Kirby Bldg.</u>	
23c. DATE SIGNED <u>5/31/51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 2, 1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>June 5, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. East</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Meierhoffer</u> <u>St. Joseph, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.

Signed

Albert C. Harrington

Signed
**** **** *****
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.