

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16429  
2363

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED JUN 15 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		State File No. _____		Registrar's No. _____	
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 town) <u>Kansas City</u>			c. LENGTH OF STAY (in this place) <u>40 Yrs.</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			3578
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - 3418 Cleveland</u>				d. STREET ADDRESS (If rural, give location) <u>3418 Cleveland</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orlando</u>		b. (Middle) <u>D.</u>		c. (Last) <u>BLATHERWICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 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. 12, 1885</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Yardmaster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Isl. R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Topeka, Ks.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Fred W. Blatherwick</u>			13b. MOTHER'S MAIDEN NAME <u>Adaline Yaunt</u>			14. NAME OF HUSBAND OR WIFE <u>Anna M. Blatherwick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>708-14-2790</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anne M. Blatherwick, 3418 Cleveland</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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Atherosclerotic Heart Disease</u>				a. <u>Generalized Atherosclerosis</u>				b. <u>Unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								4200	
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>9-19, 1950</u> , to <u>May 29, 1951</u> , that I last saw the deceased alive on <u>May 29, 1951</u> , and that death occurred at <u>12:15 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)				23b. ADDRESS <u>6305 Brookside Plaza Kansas City Mo</u>			23c. DATE SIGNED <u>5-31-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 1, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>		24d. LOCATION (City, town or county) (State) <u>K.C., Mo.</u>				
DATE REC'D BY LOCAL REG. <u>6-2-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eyalr</u>		ADDRESS <u>1800 Linwood, K.C., Mo</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Wm. W. Hart  
6305 Brookside Plaza  
Ja. 9406  
Until 5:30 P.M. Thurs.

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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 H. Kirkendall*

Licensed Embalmer No. *4632*

P. O. Address..... *H. 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.