

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33444

State File No. ....

4198

No. 300  
10-48

FILED OCT 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1022 Registrar's No. 4198

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>50 yrs.</b>		3868	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>602 East Meyer Boulevard</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) _____ c. (Last) <b>BLACKMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 3, 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>9-17-61</b>	9. AGE (In years last birthday) <b>90</b>	10. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Saline County, Missouri</b>	

13a. FATHER'S NAME <b>James Bartlett</b>	13b. MOTHER'S MAIDEN NAME <b>Nellie Shelly</b>	14. NAME OF HUSBAND OR WIFE <b>Andrew J. Blackman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Henry Von</b> ADDRESS <b>602 E. Meyer Blvd., KC, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>  <b>4343</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Static Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Decompensation</b> DUE TO (c) <b>Age</b>		
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 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Sept 1951 to Oct 2, 1951, that I last saw the deceased alive on 2 Oct, 1951, and that death occurred at 4:30 m., from the causes and on the date stated above.

23a. SIGNATURE <b>W W Gist M D</b> (Degree or title)	23b. ADDRESS <b>1103 Grand N. Mo.</b>	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-5-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Slater</b>	24d. LOCATION (City, town, or county) (State) <b>Slater, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10-3-51</b>	REGISTRAR'S SIGNATURE <b>Rosaldisse Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b> ADDRESS <b>Funeral Home, KC, Mo.</b>
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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. Kirkendall* .....

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.