

No. 300
10.48

FILED MAR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5365

X85

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

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 98	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place) 5 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		04850	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1127 North McCoy Street				d. STREET ADDRESS (If rural, give location) 1127 North Mc Coy Street			
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) O.		c. (Last) BLUNT		4. DATE OF DEATH (Month) (Day) (Year) March 2 1952	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 27, 1869	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Selfemployed		11. BIRTHPLACE (City and State or Foreign Country) Lake County, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Wesley Blunt		13b. MOTHER'S MAIDEN NAME Mary Louise Gallagher		14. NAME OF HUSBAND OR WIFE Edith Blunt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS David O. Blunt, Kansas City, Missouri.			
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) Metastatic Cancer of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Rectum DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis					INTERVAL BETWEEN ONSET AND DEATH 5 months 1 year 2 years
19a. DATE OF OPERATION June 13 51		19b. MAJOR FINDINGS OF OPERATION Cancer of Rectum 154X					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) (Minute)		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 April 8, 1951, to July 2, 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 1039 E. Chicago Kansas City Mo		23c. DATE SIGNED 3/4/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 5, 1952		24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.	
DATE REC'D BY LOCAL REG. Mar 4 1952		REGISTRAR'S SIGNATURE [Signature]		354 FUNERAL DIRECTOR'S SIGNATURE George C. Carson		ADDRESS Funeral Home Indep. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

S-207

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

Tom D. Markland

Licensed Embalmer No. _____

P. O. Address _____

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.