

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42503

State File No. _____

FILED JAN 6 1955

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 498

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>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1117 W. 25th St. Terrace</u>		d. STREET ADDRESS (If rural, give location) <u>1117 West 25th St. Terrace</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAX</u> b. (Middle) <u>M.</u> c. (Last) <u>BLOCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1952</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 27, 1890</u>			9. AGE (In years last birthday) <u>62</u> <small>IF UNDER 1 YEAR Months Days</small> <small>IF UNDER 2 HRS. Hours Min.</small>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate - Builder</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) <u>New Mexico</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Jacob Block</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Jean Block</u>	
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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>491-20-0662</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jean Block, 1117 W. 25th Terr. Indep. Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>6 mos</u> <u>6 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Insufficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u>		
	DUE TO (c) <u>Essential Hypertension</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"/>	
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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) <u>4201</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 July, 1897, to Dec 8, 1952, that I last saw the deceased alive on Dec 20, 1952, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack W. Way M.D.</u> (Degree or title)		23b. ADDRESS <u>206 Noyes Bldg Kansas City Mo</u>		23c. DATE SIGNED <u>Dec 9-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>12/10/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>12-10-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Clark W. Wood
Angeles Park
No. 2713

Off. 2:30

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

J. F. Allen

Licensed Embalmer No. 1415

P. O. Address *San Jose City 740*

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.