

STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1955

State File No. ....

817

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>KANSAS</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 da</u>		e. STREET ADDRESS (If rural, give location) <u>500 SEMINARY 81508</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Onnie</u> b. (Middle) <u>Josiah</u> c. (Last) <u>Blackwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 21, 1955</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>May 25, 1882</u>	9. AGE (In years - last birthday) <u>72</u>	10. UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Iron Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Iron</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Blackwell</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Hoke</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Esther Blackwell</u>	
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>5-15-09-1528</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Ethel Esther Blackwell - 500 Seminary -</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wernia - acute Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>5501</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perturbation of Reproductive</u>		
	DUE TO (c) <u>Cholesterol appendicitis</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 checked="" type="checkbox"/> NO <input 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 February 17, 1955, to February 21, 1955, that I last saw the deceased alive on February 21, 1955, and that death occurred at 6:42 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard C. Sheek No 11005 1/2</u>		23b. ADDRESS <u>2329/53</u>		23c. DATE SIGNED <u>2/23/55</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 24, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oswatomie, Kan</u>	
24d. LOCATION (City, town, or county) (State) <u>Oswatomie Kansas</u>					

DATE REC'D BY LOCAL REG. <u>2-23-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GATES FUNERAL Home - KANSAS CITY, Mo.</u>	
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD Richard C. Sheek

FEB 17 1955

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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  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Eugene H. Shelton*

Licensed Embalmer No. *4*

P. O. Address *Kennas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.