

No. 300
0-48

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15372

1991

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>Johnson</u> | |
| b. CITY OR TOWN <u>Kansas City non Resident</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN _____ | Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5632 Troost</u> | | STREET ADDRESS (If rural, give location) <u>7720 Mission Road</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) _____ c. (Last) <u>Blatter</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1955</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Feb. 12 1902</u> |
| 9. AGE (In years last birthday) <u>52</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Checker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St Joseph, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Rudolph Blatter</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Rosette Gubler</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. <u>494-40-3890</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Roy Blatter</u> | | ADDRESS <u>7720 Mission Road</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of Heart embolism</u> INTERVAL BETWEEN ONSET AND DEATH _____ 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. <u>7955</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Post Refused</u> | |
| 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) _____ | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) <u>3</u> | | 23b. ADDRESS <u>6627 Prospect St. Overland</u> | |
| 23c. DATE SIGNED <u>5-6-55</u> | | 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>May 9 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Corinth</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Overland Park, Kans</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Royal Hoge</u> | |
| DATE REC'D BY LOCAL REG. <u>5-7-55</u> | | REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | |
| ADDRESS _____ | | ADDRESS <u>Overland Park, Mo</u> | |

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

APR 19 1961

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.....
Signature of Student Embalmer

Signed *Russell N. Fra*

Licensed Embalmer No. *42*

P. O. Address *H.C.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed; fact should be so stated above.