

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26018

State File No.

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3521

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 Kansas City

c. LENGTH OF STAY (In this place) 40 yrs.

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 909 Paseo Blvd.

15 STREET ADDRESS (If rural, give location) 909 Paseo Blvd.

3 15 80

3. NAME OF DECEASED (Type or Print)
a. (First) Cecil b. (Middle) Noah c. (Last) Blocher

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 10 1955

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH March 25, 1900

9. AGE (In years last birthday) 55 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver

10b. KIND OF BUSINESS OR INDUSTRY Cab Company

11. BIRTHPLACE (City and State or Foreign Country) Havensville, Kans.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Blocher

13b. MOTHER'S MAIDEN NAME Carrie Downs

14. NAME OF HUSBAND OR WIFE: Leona Blocher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no None

16. SOCIAL SECURITY NO. 193-12-9165

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Leona Blocher 909 Paseo KC, Mo.

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) Acute dilatation with Asystole
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure
DUE TO (c) Cirrhosis of the Liver
11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholism

INTERVAL BETWEEN ONSET AND DEATH
5-10 mins
6 months
10 years
30 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
5811

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Aug. 1, 1955, to Aug. 10, 1955, that I last saw the deceased alive on Aug. 10, 1955, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE William D. Hand, Jr. (Degree or title)

23b. ADDRESS 605 Woodland

23c. DATE SIGNED 8/11/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 12, 1955

24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery

24d. LOCATION (City, town, or county) (State) Independence, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 8-11-55 Neva Minchall

25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS
Geo. C. Carson Federal Home Indep., Mo.

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.....
Signature of Student Embalmer

Signed *Dean W Huff*.....

Licensed Embalmer No. *4914*

P. O. Address *Indianapolis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.