

FILED OCT 24 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4596

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
1-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4207 Bell		Length of stay in 1b 40 yrs.	d. STREET ADDRESS (If outside, give location) 3215 Garfield Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Jessie Blomley			4. DATE OF DEATH Month Oct. Day 1 Year 1957		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jul. 23 1891	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Macon, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Daniel Metcalf	13b. MOTHER'S MAIDEN NAME Elizabeth Bean	14. NAME OF HUSBAND OR WIFE Robert Blomley
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 499-18-3004	17. INFORMANT Address Elizabeth Bulkeley (Friend) K.C. Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Subdural Hemorrhage + multiple fractures of skull DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 1/2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell down basement steps
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20c. TIME OF INJURY 8:00 p.m. 10-1-57	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Jackson, Missouri
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Elizabeth Bulkeley (Degree or title) Practical Nurse	22b. ADDRESS 6627 Burkett Ave	22c. DATE SIGNED 10-2-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Oct. 4 1957	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cem.	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Mrs C.L. Forster Funeral Home Inc. ADDRESS Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 10-4-57	26. REGISTRAR'S SIGNATURE Irene Minshall
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer

MEDICAL CERTIFICATION



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 *John V. Herrick Jr.*

Licensed Embalmer No. *4848*

P. O. Address *P. O. Box*

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.