

pt. Health,
, & Welfare
S. Public
alth Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44247
STATE FILE NUMBER
5690

FILED DEC 18 1957

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5690

Y. S. 300
ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

W. R. Peterson USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2		Length of stay in lb 16 yrs.	d. STREET ADDRESS (If outside, give location) 583 Harrison
3. NAME OF DECEASED (Type or print) First Middle Last William Blaylock		4. DATE OF DEATH Month Day Year November 26, 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 23, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 60 yrs.
13a. FATHER'S NAME Jiles Blaylock		13b. MOTHER'S MAIDEN NAME UNKNOWN	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 700-18-1366	14. NAME OF HUSBAND OR WIFE ELZIE BLAYLOCK
17. INFORMANT Elzie Blaylock, wife		Address 583 Harrison	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe generalized peritonitis DUE TO (b) Adenocarcinoma of stomach. Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 151+
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Death occurred at 10-25-57 2:35 P to 11-26-57 and last saw her/him alive on 11-26-57 m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) W. R. Peterson MD	
22b. ADDRESS 600 E. 22nd Street		22c. DATE SIGNED 11-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-2-57	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home K.C. Mo.		25. DATE RECD. BY LOCAL REG. 12-2-57	26. REGISTRAR'S SIGNATURE neva minshall



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 *Bruce P. Nathan*

Licensed Embalmer No. *4500*
P. O. Address *W. C. Nathan*

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.