

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013276  
STATE FILE NUMBER  
440

FILED MAY 5 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 440

1. PLACE OF DEATH a. COUNTY Euchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte 8150	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		d. STREET ADDRESS (If outside, give location) 1046 Ann Ave	
3. NAME OF DECEASED (Type or print) First Middle Last Ralph William Blessman		4. DATE OF DEATH Month Day Year April 25, 1958.	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 21, 1915
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		10b. KIND OF BUSINESS OR INDUSTRY U. S. Army Map Service.	11. BIRTHPLACE (City and state or country) Kansas City, Kansas.
13a. FATHER'S NAME William Blessman		13b. MOTHER'S MAIDEN NAME (Unknown) Fisher	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) Yes WW# 2		16. SOCIAL SECURITY NO. ?	17. INFORMANT D. W. Newcomers Sons
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Excitation of Brain</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Automobile accident</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 2 hours	
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.) Automobile Accident 011	
20c. TIME OF INJURY 5 <sup>th</sup> Hour Month, Day, Year p.m. April 25 <sup>th</sup> 1958. 5-PM		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT <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.) Highway	
21. I attended the deceased from <u>4-25-58</u> to <u>4-25-58</u> and last saw him alive on <u>5-25-58</u> Death occurred at <u>7.00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 4-26-58	
22a. SIGNATURE (Degree or title) Paul Forgrave MD 0		22b. ADDRESS St. Joseph Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Apr. 26, 1958.	23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers Sons	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas.
24. FUNERAL DIRECTOR Incehoffler, Fleeman, Inc. by [Signature]		25. DATE RECD. BY LOCAL REG. St. Joseph, Mo. April 26, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Sandell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 20 1958

MAY 16 1958

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 *Fin J. Chung* .....

Licensed Embalmer No. 4679 .....

P. O. Address ..... St. Joseph, Mo.

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.