

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039831

STATE FILE NUMBER

FILED DEC 11 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5622

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 3701 E. 29th		Length of stay in lb 16yrs	d. STREET ADDRESS (If outside, give location) 3701 E. 29th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ALICE BLAKELY			4. DATE OF DEATH Month Nov. Day 29 Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 16, 1869	9. AGE (In years last birthday) 89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) McCallister Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Daniel Pittman		13b. MOTHER'S MAIDEN NAME Esther McGill		14. NAME OF HUSBAND OR WIFE Unknown		
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. No	17. INFORMANT Address Mrs. Orville Hayes, 3701 E. 29th			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular accident R. sid					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis					11-24-58 to	
DUE TO (c) Senility					11-29-58	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331 +					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 WORK <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 Nov. 24-58 to Nov. 26-58 and last saw her/him alive on Nov. 26-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE R. Earl V. Jones M.D.		(Degree or title)	22b. ADDRESS 3600a St. John		22c. DATE SIGNED 11-29-58	
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal	22b. DATE 11-29-58	22c. NAME OF CEMETERY OR CREMATORY Antich Cemetery		22d. LOCATION (City, town, or county) (State) Sweet Springs, Mo.		
24. FUNERAL DIRECTOR Melody McGilley, Elyar		ADDRESS 1806 Linwood Kansas City	25. DATE RECD. BY LOCAL REG. 11-29-58	26. REGISTRAR'S SIGNATURE Neal Marshall		

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Earl V. Jones
MEDICAL CERTIFICATION
--USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DEC 22 1958

DEC 18 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 *Melvin Barteaux*

Licensed Embalmer No. *4903*

P. O. Address *A. C. No.*

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.