Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001202

STATE FILE NUMBER 209

FILED FEB 5 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3307½ E. 31ST ST. — Length of stay in 1b: LIFE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3307½ E. 31ST ST. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: GROVER Middle: CLEVELAND Last: BLACKMORE

4. DATE OF DEATH Month: JAN. Day: 12 Year: 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 30 APRIL 1888

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OPERATOR & OWNER

10b. KIND OF BUSINESS OR INDUSTRY: THEATRE

11. BIRTHPLACE (City and state or country): KANSAS CITY, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: SAMUEL D. BLACKMORE

13b. MOTHER'S MAIDEN NAME: SUSAN JANE PRATT

14. NAME OF HUSBAND OR WIFE: MILDRED CLARE BLACKMORE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 495-03-0746

17. INFORMANT: MILDRED BLACKMORE Address: 3307½ E. 31ST. ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 7 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): congestive RIGHT SIDED HEART FAILURE — 6 MOS. (JULY 1958)

DUE TO (c): GENERAL DEBILITY & SENILITY.

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 [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 8 JANUARY 1959, to 12 JANUARY 1959 and last saw ~~her~~ him alive on 8 JANUARY 1959. Death occurred at 2:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert F. Murphy, D.O.

22b. ADDRESS: 3303 E. 31st ST.

22c. DATE SIGNED: 13 Jan 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-15-59

23c. NAME OF CEMETERY OR CREMATORY: memorial Park.

23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: Wagner Funeral Home. ADDRESS: K C Mo

25. DATE RECD. BY LOCAL REG.: 1-13-59

26. REGISTRAR'S SIGNATURE: Irene Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Robert F. Murphy

H. 8903

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.