

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001203

STATE FILE NUMBER

1959 FEB 5

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 394

300  
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>514 1/2 Main</i>		Length of stay in lb <i>unk</i>	d. STREET ADDRESS (If outside, give location) <i>514 1/2 Main</i>
3. NAME OF DECEASED (Type or print) First <i>JOHN</i> Middle <i>BLAKE</i> Last			4. DATE OF DEATH Month <i>1</i> Day <i>19</i> Year <i>1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 4, 1885</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <i>Actor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>unk</i>	9. AGE (In years last birthday) <i>73</i>
11. BIRTHPLACE (City and state or country) <i>Cleveland Ohio</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>unk</i>		13b. MOTHER'S MAIDEN NAME <i>unk</i>	14. NAME OF HUSBAND OR WIFE <i>unk</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Jackson County Welfare KC Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
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 type="checkbox"/> NO <input checked="" 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 _____ 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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Hugh H Owens Coroner</i>		22b. ADDRESS <i>1034 Walnut Blvd</i>	22c. DATE SIGNED <i>2-23-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>1-22-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>KC COLLEGE OSTEPATHIC</i>	23d. LOCATION (City, town, or county) (State) <i>KANSAS CITY, MO</i>
24. FUNERAL DIRECTOR <i>Caranteno Bros</i>		ADDRESS <i>KC MO.</i>	25. DATE RECD. BY REG. OFF. <i>1-22-59</i>
26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

All diseases in Part I must be causally related.

Hugh H Owens

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... *Leonard Passantino*

Licensed Embalmer No. .... *4554*

P. O. Address ..... *KC 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.