

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 22 1960/46

3026

539

-60-042369

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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 INDEPENDENCE		Length of stay in 1b 13 YRS.	c. CITY OR TOWN INDEPENDENCE
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2218 GLENWOOD
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LEO Middle B. Last BLUM			4. DATE OF DEATH Month NOVEMBER Day 12 Year 1960			
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5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH DEC 20 1911	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY COFFEE MFG.	11. BIRTHPLACE (City and state or country) KANSAS CITY MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOSEPH BLUM	13b. MOTHER'S MAIDEN NAME LENA SCHNEIDER	14. NAME OF HUSBAND OR WIFE MARIE E. BLUM
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	16. SOCIAL SECURITY NO. 495-01-2275	17. INFORMANT MRS MARIE BLUM Address 2218 GLENWOOD INDEPENDENCE MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary thrombosis		Minutes
DUE TO (b) Coronary heart disease		Years
DUE TO (c) (Occlusion since May 25, 1960)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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
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21. I attended the deceased from July, 1939 to Oct. 22, 1960 and last saw her/him alive on Oct. 22, 1960 Death occurred at 3:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE A. A. Edmondson M.D. (Degree or title)	22b. ADDRESS 4800 E. 24, Kansas City, Missouri	22c. DATE SIGNED Nov. 14, 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 15, 1960	23c. NAME OF CEMETERY OR CREMATORY MOUNT OLIVET	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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24. FUNERAL DIRECTOR MUEHLEBACH	ADDRESS 6800 TROOST	25. DATE RECD. BY LOCAL REG. 11-15-60	26. REGISTRAR'S SIGNATURE [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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Dr D.D. EDMONDS
1800 E 24th
BE 1-5949

9:30-

NOV 8 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Claude C. Carr

Licensed Embalmer No. 4934

P. O. Address KC 14, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.