

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006338

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1342

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Scott W. Jordan, M.D. MEDICAL CERTIFICATION

FILED MAR 15 1963		1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b. 18 Months		c. CITY OR TOWN KANSAS CITY Inside Limits Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) V A HOSPITAL			Inside Limits Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2006 North 5th Reside on Farm Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle L Last BLACKBURN			4. DATE OF DEATH Month February Day 25 Year 1963		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-12-12	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City, and state or country) Shelby County, Tenn.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Clem Blackburn		13b. MOTHER'S MAIDEN NAME Elnora Woods	
14. NAME OF HUSBAND OR WIFE Sarah Blackburn		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.	
17. INFORMANT VA Hospital Official Records, K.C. Mo		18. CAUSE OF DEATH (Enter only one cause - PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac tamponade DUE TO (b) Dissecting Tamponade DUE TO (c) Systemic Hypertension 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		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20e. TIME OF INJURY Hour . . . Month, Day, Year a.m. p.m.		20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20h. CITY, TOWN, OR LOCATION		20i. COUNTY STATE	
21. amended: the deceased from Feb. 24, 1963 to Feb. 25, 1963 Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Scott W. Jordan, M.D.			22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 2-25-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-28-1963	23c. NAME OF CEMETERY OR CREMATORY St. Louis, Mo.		23d. LOCATION (City, town, or county) St. Louis, Mo.
24. FUNERAL DIRECTOR Ellis Funeral Ho. St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. 2-28-63		26. REGISTRAR'S SIGNATURE Ruth Song	

USE BLACK INK OR TYPEWRITER RIBBON

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 Eugene English

Licensed Embalmer No. 1686

P. O. Address 21129th St. St. C. Kans.

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.

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