

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039784  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5576

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 24 1963

VS 300	DATE AMENDED
Rev. 4/59	
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2 <u>3380</u>	
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4 <u>0</u>	
5 <u>1</u>	
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9 <u>9177X</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
10	
11	
12 <u>140</u>	
13	
	INSTEAD OF
	DOCUMENT
	BY AFFIDAVIT OF
	Harold M. Roberts
	MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>55 YRS.</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in-hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3236 E. 28th St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Harold</b> Middle <b>S.</b> Last <b>Bliss</b>		4. DATE OF DEATH Month <b>October</b> Day <b>14</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 26, 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	9. AGE (last birthday) <b>76</b> IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR: Hours <input type="checkbox"/> Mln. <input type="checkbox"/>
11. BIRTHPLACE (City and state or country) <b>White Cloud, Kan.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Abraham J. Bliss</b>		13b. MOTHER'S MAIDEN NAME <b>Arlirea Foster</b>	
14. NAME OF HUSBAND OR WIFE <b>Ethel May Bliss</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Ethel May Bliss, 3236 E. 28th Kansas City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> DUE TO (b) <b>Pyelonephrosis</b> DUE TO (c) <b>Carcinoma of Prostate</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>(Trans urethral Prostatectomy 1958)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Several days</b> <b>Several weeks</b> <b>5 years</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. 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	
21. I attended the deceased from <b>20 Dec. 1947</b> to <b>14 Oct. '63</b> and last saw her/him alive on <b>13 Oct. '63</b> Death occurred at <b>12:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harold M. Roberts, M.D.</b>		22b. ADDRESS <b>1103 Grand Kan. City 6 Mo.</b>	
22c. DATE SIGNED <b>15 Oct. '63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>10-16-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Olive Branch Cem.</b>	
23d. LOCATION (City, town, or county) (State) <b>White Cloud, Kansas</b>		24. FUNERAL DIRECTOR ADDRESS <b>Stine &amp; McClure, Kansas City, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>10-15-63</b>		26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>	

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. M. Richardson  
Rt 1-1331 Bldg  
1530 Ford  
~~1130-5 p.m.~~  
1:30-5 p.m.  
Su 10.

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,

on by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert J. Beeler

Licensed Embalmer No. 5227

P. O. Address Prairie Village, Kansas

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.