

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0014650 ✓

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1931

FILED MAY 2 1967

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 55 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 7408 CAMPBELL	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MIDDLE Last HUGO R. BLUMSTENGEL		4. DATE OF DEATH Month Day Year APRIL 11 1967	
5. SEX MALE	6. COLOR OR RACE CAUC	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH AUG 6, 1894 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED OWNER		11. BIRTHPLACE (City and state or country) MIDWEST STEEL PRODUCTS CALIFORNIA MO.	
12. CITIZEN OF WHAT COUNTRY M U.S.A.			
13a. FATHER'S NAME RUDOLPH R. BLUMSTENGEL		13b. MOTHER'S MAIDEN NAME JULIA E BURKEHARDT	
14. NAME OF HUSBAND OR WIFE ANNA C			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 497-36-5938	
17. INFORMANT ANN BLUMSTENGEL 7408 CAMPBELL K.C. MO		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Antero-Septal Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Acute Congestive Heart Failure 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 15-30 Minutes	
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. 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 1958, to present and last saw him alive on 4-11-67 Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Emery R. Calverich MD		22b. ADDRESS 4620 N. Nichols Pkwy	
22c. DATE SIGNED 4-12-67			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL 14, 1967	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY	
23d. LOCATION (City, town, or county) CALIFORNIA		(State) MO	
24. FUNERAL DIRECTOR MUEHLEBACH		25. DATE RECD. BY LOCAL REG. 4-12-67	
26. REGISTRAR'S SIGNATURE Bertha Finley			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Emery R. Calverich MD

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 9 1967

DR. E. COLOVICH
4620 J. C. NICHOLS HWY
LOI-7288

11 AM to 5 PM

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

John J. Courtois

Licensed Embalmer No.

4424

P. O. Address

6800 Troost St. P. 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.