

FILED FEB 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4513

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri		b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 21 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cureall - Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION O'Reilly VA Hospital		d. STREET ADDRESS (If rural, give location) Rural			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Oscar	b. (Middle) (None)	c. (Last) BLAYLOCK	(Month) Feb	(Day) 123	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-25-01	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ozark County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Bright C. Blaylock	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME O'Reilly VAH, Springfield, Mo.
		ADDRESS (RECORDS)

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CEREBRAL TUMOR, TYPE UNDETERMINED, WITH LEFT HEMIPLEGIA.		
ANTECEDENT CAUSES	DUE TO (b)		
<i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	<i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22/49, 19 , to 2-23-49, 19 , that I last saw the deceased alive on 2-23-49, 19 , and that death occurred at 4:02 a.m., from the causes and on the date stated above.

23a. SIGNATURE Paul L. Eisele PAUL L. EISELE, M. D.	(Degree or title) U	23b. ADDRESS VAH, SPRINGFIELD, MISSOURI	23c. DATE SIGNED 2-23-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-23-49	24c. NAME OF CEMETERY OR CREMATORY X	24d. LOCATION (City, town, or county) (State) Pottersville, Mo.
DATE REC'D BY LOCAL REG. 2-24-49	REGISTRAR'S SIGNATURE W. H. ...	25. FUNERAL DIRECTOR'S SIGNATURE ...	ADDRESS ...

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....

Walter E. Hamelt

Signed.....

Student Embalmer

Licensed Embalmer No. *3808*

P. O. Address.....

Spiegel

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.