

FILED SEP 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 27267

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5597 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Center Interview		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Center Interview	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Center Interview	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. Center Interview			

3. NAME OF DECEASED (Type or Print) Edward	a. (First) William	b. (Middle) Blair	c. (Last)	4. DATE OF DEATH August 23, 1949
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25, 1887	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Columbus Blair	13b. MOTHER'S MAIDEN NAME Martha Jones	14. NAME OF HUSBAND OR WIFE Cardelia Blair
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Cardelia Blair	ADDRESS Center Interview, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH Sudden years 4500
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerosis		
	DUE TO (c) Auricular Fibrillation		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4-7, 1949, to 8-3, 1949, that I last saw the deceased alive on Aug 3, 1949, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE Hinton H. H. Leak, M.D. (Degree or title)	23b. ADDRESS 122 E Market Way, Warrensburg, Mo.	23c. DATE SIGNED 8-25-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-27-49	24c. NAME OF CEMETERY OR CREMATORY Center Interview Cemetery	24d. LOCATION (City, town, or county) (State) Center Interview Missouri
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DATE REC'D BY LOCAL REG. Aug 23, 1949	REGISTRAR'S SIGNATURE Savannah C. Hutchfield	25. FUNERAL DIRECTOR'S SIGNATURE W. Brunninger	ADDRESS Warrensburg, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. B. Banninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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 this body is not embalmed, fact should be so stated above.