

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31125

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4340 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Monroe</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Stantonville RR 25 1/2</u>	c. LENGTH OF STAY (in this place) <u>2 1/2</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Stantonville RR 25 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Samuel</u> c. (Last) <u>Blue</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4/14/1846</u>	9. AGE (In years last birthday) <u>103</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Madison Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Dowd Blue</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Westbrook</u>		14. NAME OF HUSBAND OR WIFE <u>Martha A. Blue</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs L B Walker</u> ADDRESS <u>Stantonville Mo</u>	

19. 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 10, 1949, to Sept 28, 1949, that I last saw the deceased alive on Sept 28, 1949, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John E. Brown</u> (Degree or title) _____		23b. ADDRESS <u>Perry mo</u>		23c. DATE SIGNED <u>10-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept 30/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Florida</u>		24d. LOCATION (City, town, or county) (State) <u>Florida, Monroe Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-5-49</u>	REGISTRAR'S SIGNATURE <u>Edna Baker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dreda Rusk</u>		ADDRESS <u>Monroe</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 10 1949  
District Health Officer No. \_\_\_\_\_  
District File Number 10-49-  
Date Filed OCT 10 1949

**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.....  
Student Embalmer

Signed Fred A. Mansour

Licensed Embalmer No. 3282

P. O. Address Madison, Wis

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.