

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38018

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>4330</u>		Registrar's No. <u>65</u>			
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Prairie</u>		c. LENGTH OF STAY (in this place) <u>61</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Prairie</u>		57			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residences</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELIA</u>			b. (Middle)			c. (Last) <u>BLYZES</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3, 1949</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
8. DATE OF BIRTH <u>Sept 30, 1864</u>			9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Brookport, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Delitha Hill</u>			14. NAME OF HUSBAND OR WIFE <u>Georgette Blyzes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <u>Wash Dolightly</u> ADDRESS <u>East Prairie, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bladder</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.					INTERVAL BETWEEN ONSET AND DEATH <u>18 1/2</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 <u>July 25, 1949</u> to <u>Nov 3, 1949</u> , that I last saw the deceased alive on <u>Oct 10-15, 1949</u> and that death occurred at <u>6:10 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Geo. W. Whitaker M.D.</u>				23b. ADDRESS <u>East Prairie Mo</u>		23c. DATE SIGNED <u>11-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 30 1949</u>		REGISTRAR'S SIGNATURE <u>Annie Harper</u> 1949		GENERAL DIRECTOR'S SIGNATURE <u>W. Graves Shelby</u> ADDRESS <u>East Prairie, Mo.</u>					

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

DEC 7 REC.

RECEIVED

Miss. Co. Health De

County File No. _____

Date Filed DEC 9 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.

Student
Student Embalmer

Signed

Travis Shelby

Licensed Embalmer No. 272.6

P. O. Address East Prarie, ?

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.