

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15608**

BIRTH NO.		REG. DIST. NO. 741		PRIMARY REG. DIST. NO. 7201		Registrar's No. 891					
1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stone							
b. CITY OR TOWN Crane			c. LENGTH OF STAY (in this place) 10 yrs			c. CITY OR TOWN Crane			1040		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				0			
3. NAME OF DECEASED (Type or Print)		a. (First) Herbert		b. (Middle) A.		c. (Last) Bliss		4. DATE OF DEATH		(Month) (Day) (Year) 4/1/50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 20, 1863		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days Hours Min. 1 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Providence R.I.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James Bliss				13b. MOTHER'S MAIDEN NAME Mary Enns				14. NAME OF HUSBAND OR WIFE Jane Bliss			
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. None		17. INFORMANT'S SIGNATURE OR NAME Jane Bliss				ADDRESS Crane Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal Disease ANTECEDENT CAUSES Due to (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis.						INTERVAL BETWEEN ONSET AND DEATH 442X	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES ☐ NO ☒			
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Feb. 12, 1950, to April 1, 1950, that I last saw the deceased alive on April 1, 1950, and that death occurred at 5:15 A.M., from the causes and on the date stated above.											
23a. SIGNATURE Fred A. Monmouth (Degree or title) M.D.				23b. ADDRESS Crane, Mo.				23c. DATE SIGNED 4-1-50			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial (1)		24b. DATE 4/2/50		24c. NAME OF CEMETERY OR CREMATORY Masonic		24d. LOCATION (City, town, or county) (State) Crane Mo					
DATE REC'D BY LOCAL REG. Apr. 1 - 50.		REGISTRAR'S SIGNATURE Lena Murray - Sep.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Aug. H. Manlow, Crane Mo							

(Licensee Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 4 1950
District Health Office No. 6,
District File Number 550-538
Date Filed 5-5-50

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 _____

Ray H. Manlove

Signed
Student Embalmer

Licensed Embalmer No. 3827

P. O. Address Cran 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.