

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20779

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 54

0542

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

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond 0891	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 155 Grandview	

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) William c. (Last) Blair			4. DATE OF DEATH July 5, 1950 (Month) (Day) (Year)		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 21, 1894	9. AGE (In years last birthday) 55	10. UNDER 1 YEAR Months 8 Days 24	11. UNDER 1 Wks. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman	10b. KIND OF BUSINESS OR INDUSTRY Store operator	11. BIRTHPLACE (State or foreign country) Thurber, Texas /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Blair	13b. MOTHER'S MAIDEN NAME Jane Gristy	14. NAME OF HUSBAND OR WIFE Nellie Heath 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) Not known	16. SOCIAL SECURITY NO. 489-30-4693	17. INFORMANT'S SIGNATURE OR NAME David Blair	ADDRESS Richmond, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hrs. 5+ yrs. 3 2 1 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage (Cerebral)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Malignant DUE TO (c)		
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 (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richmond Ray Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from July 5, 1950, to July 5, 1950, that I last saw the deceased alive on July 5, 1950 and that death occurred at 4:40 p.m. from the causes and on the date stated above.

23a. SIGNATURE Melvin L. Masterson M.D. (Degree by title)	23b. ADDRESS Richmond, Mo	23c. DATE SIGNED July 6, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 7, 1950	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Missouri
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DATE REC'D BY LOCAL REG. July 10 1950	REGISTRAR'S SIGNATURE M. Masterson	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter	ADDRESS Richmond, Mo
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RECEIVED 7-15

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-15-50

JUL 14 1950

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.