

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21132

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3052 Registrar's No. 226

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sedalia Mo.</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado</u> <u>8150</u>	
c. LENGTH OF STAY (In this place) <u>30 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1110 West Kansas Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Blaine.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed. 2</u>	8. DATE OF BIRTH <u>Feb. 14 1863.</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 6 HRS. Hours <u></u>	IF UNDER 15 MIN. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bunston Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Henry Blaine.</u>	13b. MOTHER'S MAIDEN NAME <u>Amandie Neville</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Julia Blaine</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Blaine.</u>	ADDRESS <u>Sedalia, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility and Senile De#mentia.</u> DUE TO (c) <u>Arterio- Sclerosis.Advanced.</u>		Over 2yrs. Over 2yrs.
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 <u>Medical treatment only.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	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) <u>None.</u>	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 over two yrs June 25th, 1950, that I last saw the deceased alive on June 25th, 1950, and that death occurred at 10.50 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>	23b. ADDRESS <u>Sedalia, Missouri.</u>	23c. DATE SIGNED <u>6-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 27, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-27-50</u>	REGISTRAR'S SIGNATURE <u>A. J. Campbell M.D.</u>	FEDERAL DIRECTOR'S SIGNATURE <u>D. W. Stewart</u>	ADDRESS <u>Sedalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED ⁷⁻¹⁰
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-10-50

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.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3470

P. O. Address Adalia, 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.