

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1950

State File No. 23411

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5544 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R. F. D. #3 Higbee Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R. F. D. #3 Higbee Mo. Bunton Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bunton Township</u>		d. STREET ADDRESS (If rural, give location) <u>0457</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u> b. (Middle) _____ c. (Last) <u>Blaise</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 4 1880</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Green Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Joseph Friedman</u>	13b. MOTHER'S MAIDEN NAME <u>Tresa Goatz</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Blaise</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Blaise</u>	ADDRESS <u>R. F. D. Higbee Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Schistosomiasis of Liver (Cirrhosis)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5810</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 July 7, 1950, to July 13, 1950, that I last saw the deceased alive on July 13, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE OF _____ (Degree or title) <u>V. J. Robinson</u>	23b. ADDRESS <u>Higbee, Mo</u>	23c. DATE SIGNED <u>7-14-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 16 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fayette</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-15-50</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	436	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burton Funeral Home</u>	ADDRESS <u>Higbee Mo</u>
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(Increased Embalmers' Statement on Reverse Side)

No. 300
10-48

450

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

RECEIVED 7/19/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7/19/50

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

W. H. Frimont

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.