

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27261

495

|   |                        |  |  |   |  |   |                         |
|---|------------------------|--|--|---|--|---|-------------------------|
| BIRTH NO. _____   |                        | REG. DIST. NO. 156   |  | PRIMARY REG. DIST. NO. 2001   |  | Registrar's No. 378                                     |                         |
| 1. PLACE OF DEATH<br>a. COUNTY Jasper   |                        |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Jasper |  |   |                         |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Joplin  |                        | c. LENGTH OF STAY (in this place)<br>2 yrs   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Joplin                                      |  | 0495  |                         |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital  |                        |  |  | d. STREET ADDRESS (If rural, give location)<br>214 1/2 East 5th Street.   |  |   |                         |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Harry  |                        | b. (Middle) BLAIZE   |  | c. (Last) BLAIZE  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>August 21 1950 |                         |
| 5. SEX Male   | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married   | 8. DATE OF BIRTH August 19 1909                      |   | 9. AGE (In years last birthday) 41                             | 10. UNDER 1 YEAR Months 0                               | 11. UNDER 4 HRS. Days 2 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student   |                        | 10b. KIND OF BUSINESS OR INDUSTRY Joplin Business College  |  | 11. BIRTHPLACE (State or foreign country) Carthage, Missouri  |  | 12. CITIZEN OF WHAT COUNTRY? U.S.                       |                         |
| 13a. FATHER'S NAME Bob Blaize   |                        | 13b. MOTHER'S MAIDEN NAME Sarah Rogers   |  | 14. NAME OF HUSBAND OR WIFE   |  |   |                         |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW. # 2   |                        | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT'S SIGNATURE OR NAME Mrs. J. A. E. Hensley 1102 W. Joplin  |  |   |                         |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Penetrating Gunshot Wound Both Lungs<br><br>ANTECEDENT CAUSES Complicated By. 1. Massive Pulmonary Embolism Bilateral<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2. Massive Hemo Pneumothorax Bilateral<br>DUE TO (c) 3. Consolidation Both Lower Lobes<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |   |                         |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide   |                        | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Club Bagdad Newton County   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Newton Missouri   |  |   |                         |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 13, 1950 2:30A.   |                        | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? Gunshot wound by party or parties unknown.   |  |   |                         |
| 22. I hereby certify that I attended the deceased from Did Not Attend Same, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 3:00P. m., from the causes and on the date stated above.         |                        |  |  |   |  |   |                         |
| 23a. SIGNATURE (Degree or title) 3<br>Walter W. Crowe, M.D., Joplin, Mo.  |                        |  |  | 23b. ADDRESS Joplin State Bank Bldg. Joplin   |  | 23c. DATE SIGNED 8-22-50                                |                         |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |                        | 24b. DATE 8-24-50  | 24c. NAME OF CEMETERY (OR CREMATORY) Jasper Cemetery |   | 24d. LOCATION (City, town, or county) (State) R#3 Carthage Mo. |   |                         |
| DATE REC'D BY LOCAL REG. 8-29-50  |                        | REGISTRAR'S SIGNATURE Ed S. James 138  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.  |  |   |                         |

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

RECEIVED 9-9-50

Jasper County Health Office

County File Number 50-8-648

Date Filed 9-9-50

SEP 12 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed Charles E. Frey

Licensed Embalmer No. 4768

P. O. Address Joplin 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.