

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29861

State File No. ....

BIRTH NO. <u>9-22-50</u>		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>4152</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Lockwood Mo</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Lockwood</u> d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Andrew</u>		a. (First) <u>Andrew</u>		b. (Middle) <u>Tackson</u>		c. (Last) <u>Blair</u>	
4. DATE OF DEATH (Month) <u>9</u> (Day) <u>16</u> (Year) <u>50</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug 10 1966</u>		9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>2</u>		11. DAYS <u>6</u>	
12. HOURS <u>1</u>		13. MIN. <u>1</u>		14. BIRTHPLACE (State or foreign country) <u>Iowa</u>		15. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		17. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		18. FATHER'S NAME <u>Alexander Blair</u>		19. MOTHER'S MAIDEN NAME <u>unknown</u>	
20. NAME OF HUSBAND OR WIFE <u>Pearl O Blair</u>		21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		22. SOCIAL SECURITY NO. <u>none</u>		23. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl O Blair</u>	
24. ADDRESS <u>Lockwood Mo</u>		25. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</u>		26. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignancy of prostate</u> ANTECEDENT CAUSES <u>Carcinoma</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Metastasis</u>		27. INTERVAL BETWEEN ONSET AND DEATH <u>177X</u>	
28. DATE OF OPERATION		29. MAJOR FINDINGS OF OPERATION		30. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		31. ACCIDENT SUICIDE HOMICIDE (Specify)	
32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		33. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		34. TIME OF INJURY (Month) (Day) (Year) (Hour)		35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
36. HOW DID INJURY OCCUR?		37. I hereby certify that I attended the deceased from <u>7-2-</u> , 19 <u>50</u> , to <u>9-16-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-16-</u> , 19 <u>50</u> , and that death occurred at <u>790</u> m., from the causes and on the date stated above.		38. SIGNATURE <u>J.D. Combs MD</u> (Degree or title)		39. ADDRESS <u>Lockwood Mo</u>	
40. DATE SIGNED <u>9-18-50</u>		41. NAME OF CEMETERY OR CREMATORY <u>Pennsboro</u>		42. LOCATION (City, town, or county) (State) <u>Dade Co Mo.</u>		43. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
44. DATE REC'D BY LOCAL REG. <u>9-22-50</u>		45. REGISTRAR'S SIGNATURE <u>Geo L. Weir</u>		46. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison</u>		47. ADDRESS <u>Greenfield Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED SEP 25 1950

Dist. File 950-1975

Date Filed 9-25-50

MAR 16 1961

### 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 Geo W. Newcomb

Licensed Embalmer No. 4671

P. O. Address Lockwood, 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.