

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33078

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5347 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Samuel</u> b. (Middle) <u>✓</u> c. (Last) <u>Blair</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 12 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>June 6 - 1865</u>
9. AGE (In years last birthday) <u>85</u> 10. IF UNDER 1 YEAR: Months <u>4</u> Days <u>9</u> Hours <u>15</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Dallas Co. Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Harmon Blair</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Neal</u>		14. NAME OF HUSBAND OR WIFE <u>Loralee Blair</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Blair</u>		17. ADDRESS <u>Buffalo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/2/1</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (m.)		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 <u>1-1</u> , 19 <u>50</u> , to <u>10-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-10-50</u> and that death occurred at <u>9</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. O. Sammon</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Buffalo Mo</u>	
23c. DATE SIGNED <u>10-16-50</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Buffalo</u>	
24b. DATE <u>10-15-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prarie Grove Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. B. James</u> ADDRESS <u>Wm. J. B. James - Vaughn Buffalo Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/21/50</u>		REGISTRAR'S SIGNATURE <u>Wm. J. B. James</u> ADDRESS <u>80</u>	

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

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

RE: YED OCT 23 1950
Dist. File 1050-2134
Date Filed 10-23-50

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 Blyde Montgomery
Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.