

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40228

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY DAVIESS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY DAVIESS	
b. CITY OR TOWN JAMESPORT		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JAMESPORT 081A	
d. FULL NAME OF HOSPITAL OR INSTITUTION LENA ARPATIA P		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED a. (First) LENA b. (Middle) ARPATIA c. (Last) BLIZZARO			4. DATE OF DEATH (Month) (Day) (Year) DEC 29 50
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W	8. DATE OF BIRTH JULY 7, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (In years last birthday) 79
11. BIRTHPLACE (State or foreign country) JAMESPORT MO		12. CITIZEN OF WHAT COUNTRY? AM	
13a. FATHER'S NAME ROBERT MANN		13b. MOTHER'S MAIDEN NAME NANCY JANE HAMM	14. NAME OF HUSBAND OR WIFE JOSEPH WILLIAM BLIZZARD
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 ADDRESS Mrs. Math Robinson Jop. Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Sepsis - Enteritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nyctropen arthritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3 days	
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 1940 , 19____, to Dec 29 , 19 50 , that I last saw the deceased alive on Dec 29 , 19 50 , and that death occurred at 12:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. B. Boulay (Degree or title) DO.		23b. ADDRESS Jamesport, Mo.	23c. DATE SIGNED 12-30-50
24a. BURIAL (Specify) Funeral Home	24b. DATE 12-31-1950	24c. NAME OF CEMETERY OR CREMATORY LOOF	24d. LOCATION (City, town, or county) (State) JAMESPORT MO.
DATE REC'D BY LOCAL REG. 4 Jan. 1951	REGISTRAR'S SIGNATURE Virginia M. Engelhart	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rollin L. Robinson Jop. Mo.	

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

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AUG 9 1962

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.

Signed.....
Student Embalmer

Signed *Robert F. Richardson*

Licensed Embalmer No. 4715

P. O. Address *Camden, Md.*

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.