

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12038

State File No.

21

BIRTH NO. <u>4-3-51</u>		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>5334</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>				c. LENGTH OF STAY (in this place)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Lockwood Mo rt 2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Nannie</u>		b. (Middle) <u>ESther</u>		c. (Last) <u>Blair</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>1</u>		(Year) <u>1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 10 1903</u>	
9. AGE (In years last birthday) <u>48</u>		# UNDER 1 YEAR <u>1</u>		# UNDER 1 MONTH <u>21</u>		# UNDER 1 MIN. <u>0</u>	
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 <u>Farmer</u>			
11. BIRTHPLACE (State or foreign country) <u>Texas co Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>usa</u>			
13a. FATHER'S NAME <u>F.m.lane</u>				13b. MOTHER'S MAIDEN NAME <u>Leona Dickens</u>			
14. NAME OF HUSBAND OR WIFE <u>Ernie 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>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Ernie Blair Lockwood Mo rt 2</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>Nephritis, albuminous, acute</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Following childbirth 6 mos ago</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>685x</u>			
20. AUTOPSY? YES ☐ NO ☐				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 ☐ NOT WHILE AT WORK ☐			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>2-20</u> , 19 <u>51</u> , to <u>4-1-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>51</u> , and that death occurred at <u>1:00a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul Danich</u> (Degree or title) <u>D.C.</u>				23b. ADDRESS <u>Greenfield Mo</u>			
23c. DATE SIGNED <u>4/2/51</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>4-3-51</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Maple ark</u>			
24d. LOCATION (City, town, or county) (State) <u>Aurora Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison Greenfield Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-3-51</u>				REGISTRAR'S SIGNATURE <u>Geo L Weir</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48290
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~~... OF MO.~~

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

RECEIVED APR 9 1951

Dist. File 751-724

Date Filed 4-11-51

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. R. Allison

Licensed Embalmer No. 4404

P. O. Address Shepherd 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.