

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3048 State File No. 13393

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3084 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
c. LENGTH OF STAY (in this place) 15 yrs.		d. STREET ADDRESS (If rural, give location) 116 North Water	
d. FULL NAME OF HOSPITAL OR INSTITUTION 116 North Water			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) _____ c. (Last) BLISS			4. DATE OF DEATH (Month) (Day) (Year) 4 12 51		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/10/63	9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) gen. laborer		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Maryville, Missouri	
12a. FATHER'S NAME John Bliss			13b. MOTHER'S MAIDEN NAME Daphney Frost		14. NAME OF HUSBAND OR WIFE Rosellen Reynolds, dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C. L. Ross, Maryville, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

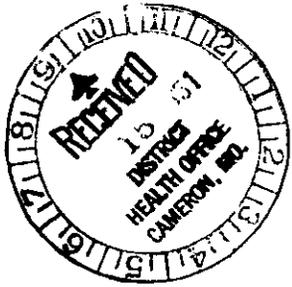
22. I hereby certify that I attended the deceased from April 8, 1951, to April 12, 1951, that I last saw the deceased alive on April 11, 1951, and that death occurred at 4:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. G. Gerten D. O.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 4/13/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/14/51		24c. NAME OF CEMETERY OR CREMATORY Oak Hill	
				24d. LOCATION (City, town, or county) (State) Maryville, Missouri	

DATE REC'D BY LOCAL REG. 4-14-51		REGISTRAR'S SIGNATURE Leas Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

742



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.....

John W. Price

Licensed Embalmer No. *4281*

P. O. Address *Marysville, Mo.*

Signed.....
Student Embalmer

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.