

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15893

State File No.

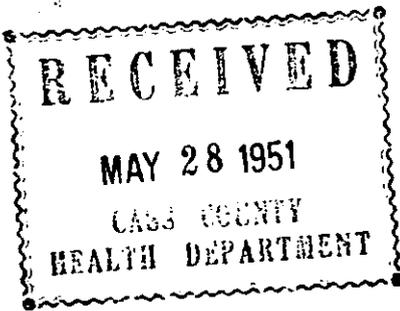
BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Harrisonville</u>	c. LENGTH OF STAY (in this place) <u>9 hrs</u>	c. CITY (if outside corporate limits, write RURAL and give township) <u>Rural Grandriver 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi S.E. of Harrisonville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Monroe</u> c. (Last) <u>Blaylock</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22-1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 8-1892</u>
9. AGE (In years last birthday) <u>59</u> Months <u>0</u> Days <u>14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Active</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Vesta Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Thomas Blaylock</u>	
13b. MOTHER'S MAIDEN NAME <u>Sallie Swift</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. M. Blaylock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. Blaylock</u>		ADDRESS <u>Harrisonville</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis Bile</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured Gall bladder</u> DUE TO (c) <u>Chr. Cholecystitis of cholelithiasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>May 21, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Free bile in peritoneal cavity ruptured gall bladder</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <input checked="" type="checkbox"/>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HARRISONVILLE CASS MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>6</u>		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>May 21, 1951</u> to <u>May 22, 1951</u> , that I last saw the deceased alive on <u>May 22, 1951</u> , and that death occurred at <u>2:45 A.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Type name in title)		23b. ADDRESS <u>Harrisonville MO</u>	
23c. DATE SIGNED <u>May 23, 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 25</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesant Rudge</u>	
24d. LOCATION (City, town, or county) (State) <u>Harrisonville MO</u>		25. EMERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Harrisonville MO</u>	
DATE REC'D BY LOCAL REG. <u>May 24, 1951</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u> 51	

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

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2190
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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 *Walter Ottensen* _____

Licensed Embalmer No. *3920* _____

P. O. Address *Harrisonville* _____

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.