

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22836

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5490 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak</u>		c. LENGTH OF STAY (in this place) <u>75 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak Township</u>		0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile N of New Hampton</u>			d. STREET ADDRESS (If rural, give location) <u>1/2 mile North of New Hampton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u> b. (Middle) <u>FRANK</u> c. (Last) <u>BLESSING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1951</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>Dec 24 1875</u>	9. AGE (years last birthday) <u>75</u>	10. UNDER 1 YEAR Days <u>6</u> Hours <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>stock farming</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jacob Blessing</u>		13b. MOTHER'S MAIDEN NAME <u>Letitia Barger</u>	14. NAME OF HUSBAND OR WIFE <u>Muntle Blessing</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>1</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clyde Blessing New Hampton MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Peritoneum</u> ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatitis</u> DUE TO (c) <u>chronic interstitial nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr - 5 mo - 10 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>158X</u>				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) 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>2</u> , 19 <u>51</u> , to <u>July 16, 1951</u> , that I last saw the deceased alive on <u>7-18</u> ; 19 <u>51</u> , and that death occurred at <u>8:45 am.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>R. L. Green D.O.</u> (Degree or title)		23b. ADDRESS <u>New Hampton MO</u>		23c. DATE SIGNED <u>7-19-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 20 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Hampton MO</u>			
DATE REC'D BY LOCAL REG. <u>7/20/51</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Noble & son</u>	ADDRESS <u>New Hampton MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0410



JAN 25 1956

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. H. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton MS

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.