

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **26017**BIRTH NO. _____ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **6294** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City - rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City - rural	
c. LENGTH OF STAY (In this place) 12 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Joe Eaton home		d. STREET ADDRESS (If rural, give location) 5 miles Southwest	

3. NAME OF DECEASED (Type or Print) a. (First) AMANDA b. (Middle) ADELIA c. (Last) BLAGG		4. DATE OF DEATH (Month) (Day) (Year) 7 27 51	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 6/12/73
9. AGE (In years last birthday) 78		10. MONTHS 0	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Nodaway County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME George Blagg	13b. MOTHER'S MAIDEN NAME Edmonia O'Howell	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Joe Eaton, Grant City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis 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.		INTERVAL BETWEEN ONSET AND DEATH 1 hr
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 _____, 19____, to **July 27, 1951**, that I last saw the deceased alive on _____, 19____, and that death occurred at **9 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank B. Blagg (Degree or title) M. D.	23b. ADDRESS Grant City, Missouri	23c. DATE SIGNED 7/30/51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/29/51	24c. NAME OF CEMETERY OR CREMATORY Barnard
24d. LOCATION (City, town, or county) (State) Barnard, Missouri		

DATE REC'D BY LOCAL REG. July 30, 1951	REGISTRAR'S SIGNATURE John E. Dawson 345	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

Robert L. Senter

Licensed Embalmer No. _____

4782

P. O. Address _____

Maryville 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.