

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **26686**

FILED SEP 11 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **2023** Registrar's No. **148**

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| 1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton c. LENGTH OF STAY (in this place) Life d. FULL NAME OF HOSPITAL OR INSTITUTION 828 E. Jefferson St. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton d. STREET ADDRESS (If rural, give location) 828 E. Jefferson St. 0 | |
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| 3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) T. c. (Last) Blaine | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1951 | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH April 16, 1878 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months 4 Days 15 | IF UNDER 24 HRS. Hours - Min. - |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman | 10b. KIND OF BUSINESS OR INDUSTRY Fire Dept. | 11. BIRTHPLACE (State or foreign country) Henry Co., Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John Henry Blaine | 13b. MOTHER'S MAIDEN NAME Amanda Neville | 14. NAME OF HUSBAND OR WIFE Maggie May Blaine |
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| 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. Maggie May Blaine, Clinton, Mo |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis DUE TO Patient had 3 previous attacks II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <div style="text-align: right; font-size: 1.5em;">4201</div> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <div style="text-align: right; font-size: 1.5em;">4201</div> |
| 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 _____, 1940, to Sept 1, 1951, that I last saw the deceased alive on Aug 31, 1951, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Dr. S. W. H. - D.D. | 23b. ADDRESS Clinton Mo | 23c. DATE SIGNED Sept 3 1951 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Sept. 3, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery | 24d. LOCATION (City, town, or county) (State) Clinton, Missouri |
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| DATE REC'D BY LOCAL REG. Sept 3 - 51 | REGISTRAR'S SIGNATURE Florence Adair | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank H. Jefferson, Jr. Clinton |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 9-10-51

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

Licensed Embalmer No. 4510

P. O. Address Clinton, 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.