

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

721

State File No. ....

BIRTH NO. <u>Jan 16 52</u>		REG. DIST. NO. <u>93</u>	PRIMARY REG. DIST. NO. <u>4156</u>	Registrar's No. <u>8</u>
1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Greenfield, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So Greenfield Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		a. (First) <u>Mary</u>	b. (Middle) <u>Louisa</u>	c. (Last) <u>Blaine</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 1952</u>		5. SEX <u>F</u>		
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 29 1874</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u>		11. BIRTHPLACE (State or foreign country) <u>Bates Co Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>usa</u>		13a. FATHER'S NAME <u>Charles Horner</u>		
13b. MOTHER'S MAIDEN NAME <u>Louisa Woods</u>		14. NAME OF HUSBAND OR WIFE <u>G.M. Blaine</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. G.M. Blaine So. Greenfield 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, asthma, 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 bladder</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> 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 <u>?</u>		19b. MAJOR FINDINGS OF OPERATION <u>Exploratory Laparotomy</u>		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) <u>155X</u>
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 <u>1-4</u> , <u>1951</u> , to <u>1-13-52</u> , <u>19</u> , that I last saw the deceased alive on <u>1-9</u> , <u>1952</u> , and that death occurred at <u>2:10p</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Lee A. Mc Neal MD</u>		23b. ADDRESS <u>Greenfield Mo</u>		23c. DATE SIGNED <u>1-15-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 16 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Memorial Gardens</u>
24d. LOCATION (City, town, or county) (State) <u>Greene Co Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Allison Greenfield Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-16-52</u>		REGISTRAR'S SIGNATURE <u>Geo. L. Weir 79</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0290  
10290  
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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.....

.....  
working under my personal supervision.

..... Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *W R Allison*.....

Licensed Embalmer No. *4404*

P. O. Address *Greenfield*

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.