

STANDARD CERTIFICATE OF DEATH

23271

State File No.

10-48

FILED JUL 8 1952

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

BIRTH NO.		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 1097		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Independence 2</u>		c. LENGTH OF STAY (In this place) <u>all life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Independence 2</u>		10950	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				d. STREET ADDRESS (If rural, give location) <u>Independence, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Francis</u>		b. (Middle) <u>Marion</u>		c. (Last) <u>Blessing</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 28, 1861</u>	
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>26</u>		IF UNDER 1 YEAR Hours <u>26</u> Mins.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Schuyler Co</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
13a. FATHER'S NAME <u>Jacob Blessing</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Huskins</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie Adams-Downing, Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jennie Adams-Downing, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Enlargement of Prostate</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</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)			
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>May 1</u> , 1952, to <u>June 24</u> , 1952, that I last saw the deceased alive on <u>June 24</u> , 1952, and that death occurred at <u>3:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.E. Vaughn</u>				23b. ADDRESS <u>Do. Lancaster, Mo.</u>		23c. DATE SIGNED <u>6/25/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 26, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Downing</u>		24d. LOCATION (City, town, or county) (State) <u>Downing Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 4-52</u>		REGISTRAR'S SIGNATURE <u>Jessie B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Moore Funeral Home Downing, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.

RECEIVED
JUL 11 1961