

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42703

State File No.

JAN 7 - 1953

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5626 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldredge		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldredge	
c. LENGTH OF STAY (In this place) 15 Yrs.		d. STREET ADDRESS (If rural, give location) Eldredge	
d. FULL NAME OF HOSPITAL OR INSTITUTION Eldredge			

3. NAME OF DECEASED (Type or Print) a. (First) Glen b. (Middle) E c. (Last) Blue			4. DATE OF DEATH (Month) (Day) (Year) Dec. 23 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 7 1904	9. AGE (In years last birthday) 48	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo.	

13a. FATHER'S NAME E. L Blue	13b. MOTHER'S MAIDEN NAME Iva Rickes	14. NAME OF HUSBAND OR WIFE Edith Blue
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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. 488-16-0748	17. INFORMANT'S SIGNATURE OR NAME Mrs. Glen Blue Eldredge Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH one month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 416X
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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?
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22. I hereby certify that I attended the deceased from 12-23, 1952, to 12/23, 1952, that I last saw the deceased alive on 12/23, 1952 and that death occurred at 12.30 AM from the causes and on the date stated above.

23a. SIGNATURE E. Z. Fisher M.D.	(Degree or title)	23b. ADDRESS Jehannon, Mo	23c. DATE SIGNED 12/24/52
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE 12/26/1952	24c. NAME OF CEMETERY OR CREMATORY Hufft Cemetery	24d. LOCATION (City, town, or county) (State) Laclede Co. Mo.
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DATE REC'D BY LOCAL REG. 12-27-1952	REGISTRAR'S SIGNATURE Hella L. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Gulmed Jehannon	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

530
1

Received: 1-3-53
Laclede Co. Health Dept.
File #: 1-53-4
Date Filed: 1-6-53

JAN 10 1953

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

S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Channon 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.