S. No. 200
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6914

FILED MAR 3 - 19..

BIRTH NO. ____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4337 Registrar's No. 9

0690

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

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Madison
c. LENGTH OF STAY (in this place): 6 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ——

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Belle
d. STREET ADDRESS (If rural, give location): ——

3. NAME OF DECEASED (Type or Print): a. (First) Raymond b. (Middle) Kenneth c. (Last) Blair

4. DATE OF DEATH (Month) (Day) (Year): 2-24-1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 5-5-1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): teaching
10b. KIND OF BUSINESS OR INDUSTRY: School teaching
11. BIRTHPLACE (State or foreign country): Knox County
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Pressley N. Blair
13b. MOTHER'S MAIDEN NAME: Lizzie Mae Sullivan
14. NAME OF HUSBAND OR WIFE: Opal Parrish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 496-10-8284
17. INFORMANT'S SIGNATURE OR NAME: Opal Blair
18. ADDRESS: Madison 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

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
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* Feb. 24, 1953, *that I last saw the deceased alive on* Feb 23, 1953, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S R Turner D.O.
23b. ADDRESS: Madison Mo.
23c. DATE SIGNED: 2-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/27/53
24c. NAME OF CEMETERY OR CREMATORY: La Belle
24d. LOCATION (City, town, or county) (State): La Belle, Lewis Co Mo

DATE REC'D BY LOCAL REG.: 2-28-53
REGISTRAR'S SIGNATURE: Elsie Robertson 471-0
25. FUNERAL DIRECTOR'S SIGNATURE: J. Coder Jr.
ADDRESS: La Belle Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 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 Myself

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

working under my personal supervision.

Student .....
Student Embalmer

Signed J. L. Coder Jr.

Licensed Embalmer No. 4328

P. O. Address LaBelle, 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.