. No. 300
. 10.48

FILED JUN 1 - 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 18984

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006 Registrar's No. 143

883
0

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

**1. PLACE OF DEATH**
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Woodland Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly 0883
d. STREET ADDRESS (If rural, give location) 209 So Morley

**3. NAME OF DECEASED** (Type or Print) a. (First) William b. (Middle) G c. (Last) Blaine

**4. DATE OF DEATH** (Month) (Day) (Year) May 25 - 1953

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** Dec 1st 1879
**9. AGE** (In years last birthday) 73 — IF UNDER 1 YEAR Months 5 Days 24 — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Butcher
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country) Mo
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME** William Blaine
**13b. MOTHER'S MAIDEN NAME** No data
**14. NAME OF HUSBAND OR WIFE** Addie

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** Mrs Wm G Blaine, ADDRESS Moberly, 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) Chronic Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 1

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) c̄ Mitral & Aortic Insufficiency — ?
DUE TO (c) Diabetes Mellitus — ?

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** 410X
**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 _____, 1946, to May 25, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 1:00 P.m., from the causes and on the date stated above.*

**23a. SIGNATURE** [signature] (Degree or title)
**23b. ADDRESS** Moberly Mo
**23c. DATE SIGNED** May 27 '53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** May 27-53
**24c. NAME OF CEMETERY OR CREMATORY** Oakland
**24d. LOCATION** (City, town, or county) Moberly. Mo (State)

**DATE REC'D BY LOCAL REG.** May 27 '53
**REGISTRAR'S SIGNATURE** Leah William Loche 269
**25. FUNERAL DIRECTOR'S SIGNATURE** Mahan and Son, ADDRESS Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1953

MAR 15 1955

## 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 Frank D D Hutt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.