

No. 30
10.48

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

State File No. **27979**
Registrar's No. **579**

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5189**

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|---|-----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY Cape Girardeau | |
| b. CITY OR TOWN Rural - Welch Twp | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) | d. STREET ADDRESS (If rural, give location) New Advance 0160 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Near Advance | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ETA b. (Middle) MAE c. (Last) BLAIR | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1953 |
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|----------------------|-------------------------------|---|--|---|--------------------------|----------------------------|---------------------------|--------------------------|
| 5. SEX FEMALE | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH April 10, 1892 | 9. AGE (In years last birthday) 61 | 10. UNDER 1 YEAR Days | 11. UNDER 1 YEAR Months | 12. UNDER 1 YEAR Hours | 13. UNDER 1 YEAR Min. |
|----------------------|-------------------------------|---|--|---|--------------------------|----------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME William Hayden | 13b. MOTHER'S MAIDEN NAME Not Known | 14. NAME OF HUSBAND OR WIFE Robert Blair |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Clark Funeral Home | 18. ADDRESS St. Louis, Mo |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | INTERVAL BETWEEN ONSET AND DEATH 74-0 minutes |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hardening of arteries. | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 **Aug 13, 1953** to **Aug 13, 1953** that I last saw the deceased alive on **Aug 13, 1953** and that death occurred at **12:15 Am.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Wm. D. Powell M.D. Delta Mo | 23b. ADDRESS | 23c. DATE SIGNED Aug 13-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Removal | 24b. DATE Aug 13, 53 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REG. Aug 13-53 | REGISTRAR'S SIGNATURE D. G. Schubert | 43 | 5. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home | ADDRESS Advance, Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 27 1952

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 William H. May

Licensed Embalmer No. 4640

P. O. Address Albion, 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.