

FILED OCT 14 1953

State File No. **32195**

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BIRTH NO. REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **312.7** Registrar's No. **746**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Cartersville	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 509 West Daugherty St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jane Chinn Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) EUGENE		c. (Last) BLY		4. DATE OF DEATH (Month) (Day) (Year) October 6, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 11, 1870	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR (Months) 3		IF UNDER 24 HRS. (Days) 25		IF UNDER 4 HRS. (Hours) 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Gravel Company		11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Daniel Bly		13b. MOTHER'S MAIDEN NAME Josephine Wells		14. NAME OF HUSBAND OR WIFE Daisy E. Bly	
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Daisy E. Bly	
				ADDRESS Cartersville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis			
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatitis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) Cartersville, Jasper, Missouri	
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 **October 1, 1953** to **10-6-53, 19**, that I last saw the deceased alive on **10-6-53, 19**, and that death occurred at **5:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>M. Bly</i>		(Degree or title) D.O.		23b. ADDRESS Cartersville, Mo.		23c. DATE SIGNED 10-6-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE October 9, 1953		24c. NAME OF CEMETERY OR CREMATORY Cartersville Cem.		24d. LOCATION (City, town, or county) (State) Cartersville, Missouri	
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DATE REC'D BY LOCAL REG. 10-9-53		REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 12 1953

Jasper County Health Office

County File Number 53-10-821

Date Filed OCT 12 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 Richard Gray Lewis

Licensed Embalmer No. 44105

P. O. Address Webb City 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.