

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. YANCEY
State File No. 38739

FILED DEC 7 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1078

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CAMDEN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN CAMDENTON	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 WEEK		e. STREET ADDRESS (If rural, give location) 0150	
d. FULL NAME OF HOSPITAL OR INSTITUTION: BURGE HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) MINA	b. (Middle) LU	c. (Last) BLAIR	4. DATE OF DEATH (Month) (Day) (Year) DEC. 3 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 20 1937	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT	10b. KIND OF BUSINESS OR INDUSTRY HIGH SCHOOL	11. BIRTHPLACE (City and State or Foreign Country) CHASE, KANSAS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JESSIE BLAIR	13b. MOTHER'S MAIDEN NAME LUELLA SEAVER	14. NAME OF HUSBAND OR WIFE X
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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. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. LUELLA BLAIR CAMDENTON, 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) Skull fracture with marked cerebral contusion		INTERVAL BETWEEN ONSET AND DEATH Sept 23 1953 to Dec 3 1953
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Contusion		
	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 <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U. S. Hwy. #7	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Camdenton Camden County Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 23 1953 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? auto accident
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22. I hereby certify that I attended the deceased from **Nov 25 1953**, to **Dec 1 1953**, that I last saw the deceased alive on **Dec 1 1953** and that death occurred at **7:32 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Daniel Yancey, M.D.	23b. ADDRESS St. Louis, Mo.	23c. DATE SIGNED Dec 3 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL - Removal	24b. DATE 12-3-53	24c. NAME OF CEMETERY OR CREMATORY ROACH CEMETERY	24d. LOCATION (City, town, or county) (State) ROACH, MISSOURI
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DATE REC'D BY LOCAL REG. 12-4-53	REGISTRAR'S SIGNATURE Edith Williams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. LOHMEYER SPRINGFIELD, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

1930

APR 20 1954

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..... Signature of Student Embalmer

Signed..... *Frederic J. Swall*

Licensed Embalmer No. *4813*

P. O. Address *Spring*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.