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FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15032

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 1141-B	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Springfield, Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Trotter Rest Home</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>			b. (Middle) _____		c. (Last) <b>Blades</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 25, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 17, 1863</b>		9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Greene County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>James R. Blades</b>			13b. MOTHER'S MAIDEN NAME <b>Louisa Richman</b>		14. NAME OF HUSBAND OR WIFE <b>Dora A. McDaniel</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ruby Ellis, Springfield, Mo.</b>				
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> <b>20 yr</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 <b>4200</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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 <b>Nov</b> , 19 <b>53</b> , to <b>Dec</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Dec 25</b> , 19 <b>53</b> , and that death occurred at <b>8-20 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Barclay W Russell, M.D.</b>				23b. ADDRESS <b>1951 S. National</b>		23c. DATE SIGNED <b>1-11-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 27, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Brushy Knob Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Norwood, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1-12-54</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Russell W Barber, Mrs Groce</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
*Russell W Barber*

Licensed Embalmer No. *3848*

P. O. Address *11th Nov*

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.