

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 1 1954

 BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL.</u> b. COUNTY <u>RANDOLPH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> c. LENGTH OF STAY (If in place) <u>16 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPARTA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>LYONS</u> c. (Last) <u>BLAIR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-19-1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 27 1874</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>RANDOLPH CO. ILL</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOSEPH THOMAS WEIR</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA MCKEEVER</u>	14. NAME OF HUSBAND OR WIFE <u>RYLIE BLAIR</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. M. Stevenson D.O. Cape Girardeau</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		<u>2 days</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>acute gastritis</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardium, Cholelithiasis, senility</u>			
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)	
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 <u>1-18-54 8:45 pm</u> , 19 <u>54</u> , to <u>1-19-54 7:00 am</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-19-54 7:00 am</u> , 19 <u>54</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. M. Stevenson</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Hirsch Bldg. Cape Girardeau</u>	23c. DATE SIGNED <u>1-19-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Randolph Co. Ill.</u>
DATE REC'D BY LOCAL REG. <u>1-19-54</u>	REGISTRAR'S SIGNATURE <u>T. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. P. Fisher</u>	ADDRESS <u>Sparta, Ill.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 _____

Geo. P. Eiker

Licensed Embalmer No. 1408

P. O. Address Sparta, Ill.

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.