

FILED FEB 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2157**

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **5836** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL, and give town or township) Neosho R#4		c. CITY OR TOWN Neosho	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		• STREET ADDRESS (If rural, give location) R.R.#4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home R#4		0130	

3. NAME OF DECEASED (Type or Print) William HARVEY BLAIR	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan 9 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 1, 1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 7 Days 8	IF UNDER 4 HRS. Hours 8 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) Louisville Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Joseph Blair	13b. MOTHER'S MAIDEN NAME Deliah Willis	14. NAME OF HUSBAND OR WIFE FLORA Neosho
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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 Flora Blair Neosho	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 mi
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1, 1954**, to **Jan 9, 1954**, that I last saw the deceased alive on **Jan 9, 1954**, and that death occurred at **10:25 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold C. Lentz M.D.	23b. ADDRESS Neosho Mo	23c. DATE SIGNED Jan 12 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-12-54	24c. NAME OF CEMETERY OR CREMATORY NEW SALEM	24d. LOCATION (City, town, or county) (State) R#4 Neosho
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DATE REC'D BY LOCAL REG. 1-21-54	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE CLARK-BIGHAM	ADDRESS Neosho
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

0130

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 254-13

Date Filed FEB 1 1954

NEOSHO, MISSOURI

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 Jesse O. Sullivan, Jr.
Licensed Embalmer No. 464

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.