

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14831**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY OR TOWN <b>Lamar</b>		c. CITY OR TOWN <b>Lamar</b>	d. Is 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) <b>3 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>1405 Golf</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Anderson Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>FRANKLIN</b>		c. (Last) <b>BLAIR</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 12 1954</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 5 1883</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 1 HRS. Days <b>7</b> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Coal Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Deep Shaft mines</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lafayette County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	

13a. FATHER'S NAME <b>John William Blair</b>	13b. MOTHER'S MAIDEN NAME <b>Serina Jane Moore</b>	14. NAME OF HUSBAND OR WIFE <b>Annie Clements</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>XXXXX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Preranged funeral records of Konantz Funeral Home</b>	ADDRESS <b>Lamar, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		<b>Sudden</b>
	ANTECEDENT CAUSES Morbid 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. <b>arterio. sclerosis</b>		<b>yes</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 **March 19, 1954**, to **June 12, 1954**, that I last saw the deceased alive on **4/16**, 1954, and that death occurred at **9-6 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John T. Bichel, M.D.</b>	23b. ADDRESS <b>Lamar, Missouri</b>	23c. DATE SIGNED <b>6/12/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 14 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rosebank Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mulberry, Kansas</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>June 12 1954</b> <b>Marie Konantz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Konantz Funeral Home, Lamar, Missouri</b>	ADDRESS <b>Lamar, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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..... *Norman L. Thompson*

Licensed Embalmer No... *4816*

P. O. Address... *Lamar, N.C.*

**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.**