

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33419

BIRTH NO.		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>4156</u>		Registrar's No. <u>54-85</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Greenfield Mo.</u> c. LENGTH OF STAY (in this place) <u>yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u> c. CITY OR TOWN <u>So. Greenfield Mo.</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>029B</u>			
3. NAME OF DECEASED (Type or Print) <u>Myrtle</u> a. (First) b. (Middle) <u>Haynes</u> c. (Last) <u>Blaine</u>		4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>23</u> (Year) <u>1954</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 29, 1876</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Days <u>3</u> Hours <u>24</u> Min. <u></u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		13. BIRTHPLACE (City and State or Foreign Country) <u>Dade Co. Mo.</u>		14. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15a. FATHER'S NAME <u>David E. Bowman</u>		15b. MOTHER'S MAIDEN NAME <u>Mary E. Bowman</u>		15c. NAME OF HUSBAND OR WIFE <u>G.M. Blaine</u>		15d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Haynes Ft Scott Kans.</u>		18. ADDRESS		19. MEDICAL CERTIFICATION	
19a. 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.		20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>		21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		22. INTERVAL BETWEEN ONSET AND DEATH	
23a. DATE OF OPERATION		23b. MAJOR FINDINGS OF OPERATION		24. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. ACCIDENT SUICIDE HOMICIDE (Specify)	
26a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		26b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		27. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?		30. I hereby certify that I attended the deceased from <u>Oct 20, 1954</u> , to <u>10-23-1954</u> , that I last saw the deceased alive on <u>Oct 11, 1954</u> , and that death occurred at <u>6:35p</u> m., from the causes and on the date stated above.		31. SIGNATURE (Degree or title) <u>W. Bowman MD</u>		32. ADDRESS <u>Greenfield Mo.</u>	
33. DATE SIGNED <u>10-26-54</u>		34. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		35. DATE <u>Oct. 25 1954</u>		36. NAME OF CEMETERY OR CREMATORY <u>Greenfield</u>	
37. LOCATION (City, town, or county) (State) <u>Greenfield Mo.</u>		38. DATE REC'D BY LOCAL REG. <u>10-29-54</u>		39. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		40. FUNERAL DIRECTOR'S SIGNATURE <u>Allison Funeral Home</u>	
41. ADDRESS <u>Home Greenfield Mo.</u>		42. (Licensed Embalmer's Statement on Reverse Side)		43.		44.	

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 *W. R. Allison*.....

Licensed Embalmer No. *440*.....

P. O. Address *Greenville*.....

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.