

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>6 Weeks</u>	c. CITY OR TOWN <u>New Hampton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Home</u>		e. STREET ADDRESS (If rural, give location) <u>North part of New Hampton</u>	

3. NAME OF DECEASED (Type or Print) <u>Isaac</u>	a. (First) <u>Isaac</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>BLESSING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 5 1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 25 1863</u>	9. AGE (In years last birthday) <u>90</u>	If UNDER 1 YEAR Months <u>11</u> Days <u>10</u>	If UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Land owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Blessing</u>	13b. MOTHER'S MAIDEN NAME <u>Mary C Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Blessing Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dated of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H H Blessing</u> ADDRESS <u>Bethany MO</u>
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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) <u>Coronary Occlusion</u>		<u>10 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>15 yr.</u>
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 <u>4/200</u>	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 10-6, 1953, to 12-5, 1954, that I last saw the deceased alive on 12-5, 1954, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Gilbert H. Hoag</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Bethany MO</u>	23c. DATE SIGNED <u>12-6-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 7 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison County MO</u>
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DATE REC'D BY LOCAL REG. <u>12-6-54</u>	REGISTRAR'S SIGNATURE <u>Zola Burrell</u>	116/0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W H Noble & Son</u> ADDRESS <u>New Hampton MO</u>
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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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. G. Noble*.....

Licensed Embalmer No. *2987*

P. O. Address *New Hampton*

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.