

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40747

State File No.

No. 300
10-48

FILED DEC 20 1954

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN West Plains)	c. LENGTH OF STAY (in this place) 2 Days	c. CITY OR TOWN Willow Springs	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Stoll Hospital		e. STREET ADDRESS (If rural, give location) Route #2, Willow Springs, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) - - -	c. (Last) BLAIR	4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1954
-------------------------------------	--------------------------	--------------------------	------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Never Married	8. DATE OF BIRTH April 7, 1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 8 Days 1	IF UNDER 24 HRS. Hours 1 Min.
--------------------	-------------------------------	--	---------------------------------------	---	---	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) England	12. CITIZEN OF WHAT COUNTRY? H
---	---	---	---------------------------------------

13a. FATHER'S NAME Matthew Blair	13b. MOTHER'S MAIDEN NAME - - -	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WWI Canadian Army	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ray Palmer, RT#2, Willow Spgs., Mo.	ADDRESS
--	-------------------------------------	--	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Severe arterial hypertension		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. and: Mitral heart disease.		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. 0			

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION 4/2/9	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) m.	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 **12 7 54** to **12 8 54**, 19**54**, that I last saw the deceased alive on **12 6 54**, 19**54**, and that death occurred at **9 18 PM**, from the causes and on the date stated above.

23a. SIGNATURE J. B. Stoll, M.D. (Degree or title)	23b. ADDRESS West Plains, Mo.	23c. DATE SIGNED 12 10 54
---	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-11-54	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. 12-15-54	REGISTRAR'S SIGNATURE Beatrice Cook	25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home	ADDRESS Willow Spgs., Mo.
--	--	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Burns Funeral Home
Willow Springs Mo

1 CENT



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

Fred W. Barnes
Signed..... Fred W. Barnes.....

Licensed Embalmer No...4614

P. O. Address Willow Spg.....

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.