

FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44408**

BIRTH NO. _____ REG. DIST. NO. **299** PRIMARY REG. DIST. NO. **4563** Registrar's No. **3**

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

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) Bunker		c. LENGTH OF STAY (in this place) 4 yrs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/> 0900	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph E b. (Middle) Blair c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 12-14-54		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 4 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) Not available		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Not available	13b. MOTHER'S MAIDEN NAME Lillian Blair	14. NAME OF HUSBAND OR WIFE not available
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Albert Glenk Ellington	ADDRESS Mo
--	--	--	----------------------

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 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Jaundice		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disseminated Carcinoma of The Liver 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	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) 1501
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **3/10/1954** to **12/14/1954** that I last saw the deceased alive on **12/11**, 19**54**, and that death occurred at **12 A** m., from the cause, and on the date stated above.

23a. SIGNATURE E. M. Lutz	(Degree or title) MD	23b. ADDRESS Leetonville Mo	23c. DATE SIGNED 12/11/54
-------------------------------------	--------------------------------	---------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-16-54	24c. NAME OF CEMETERY OR CREMATORY Bee Frok Cem	24d. LOCATION (City, town, or county) (State) Bunker Mo
--	------------------------------	---	---

DATE REC'D BY LOCAL REG. 3/11/55	REGISTRAR'S SIGNATURE E. M. Lutz	275	25. FUNERAL DIRECTOR'S SIGNATURE Carl H. Spuman	ADDRESS Lynn Mo
--	--	-----	---	---------------------------

Received 3-14-55
Reynolds County Health
File No. 355 - 10

1955 3 14

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.....
Carl K. Johnson

Licensed Embalmer No. 937

P. O. Address Salem

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.