

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7029**

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 4517		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Taney 1060				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Taney			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Branson		c. LENGTH OF STAY (in this place) 2 Weeks		c. CITY OR TOWN Reuter		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: Skaggs Memorial Hospital				e. STREET ADDRESS (If rural, give location) "Rural" Beaver 1060			
3. NAME OF DECEASED (Type or Print) a. (First) ADDIE			b. (Middle) BEULAH		c. (Last) BLAIR		4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1955
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 24, 1887	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ellsbery, Missouri	
11. BIRTHPLACE (City and State or Foreign Country) Ellsbery, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Herman H. Reuter.			
13b. MOTHER'S MAIDEN NAME Rebecca Bradshaw		14. NAME OF HUSBAND OR WIFE Preston Blair					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Preston Blair, Reuter, Missouri			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis of blood vessels				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 155X YES <input type="checkbox"/> NO <input 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)		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 Jan 17, 1955 , to Jan 29, 1955 , that I last saw the deceased alive on Jan 29, 1955 , and that death occurred at 4:15p. m. , from the causes and on the date stated above.							
23a. SIGNATURE Helen Campbell (Degree or title)				23b. ADDRESS 514		23c. DATE SIGNED Feb 11, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 31, 1955		24c. NAME OF CEMETERY OR CREMATORY Blair Cemetery		24d. LOCATION (City, town, or county) (State) Taney County, Missouri	
DATE REC'D BY LOCAL REG. 2/15/55		REGISTRAR'S SIGNATURE Mrs. Helen Campbell		25. FUNERAL DIRECTOR'S SIGNATURE John H. Harris ADDRESS Clever, Mo.			

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..... *John Dean Harris*

Licensed Embalmer No..... *4390*

P. O. Address..... *Clever, Mo.*

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.