

FILED JUN 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14546

BIRTH NO. _____ REG. DIST. No. 44 PRIMARY REG. DIST. NO. 4014 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) Fairfax		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Mound City
d. FULL NAME OF (If not in hospital or institution, give street address or location) Fairfax Community Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) MINNIE		b. (Middle) IDA	c. (Last) BLAIR
4. DATE OF DEATH (Month) (Day) (Year) May 19, 1955		5. STREET ADDRESS (If rural, give location) 0490	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 25, 1881	9. AGE (In years last birthday) 74	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY In the home	11. BIRTHPLACE (City and State or Foreign Country) Weekly County, Tenn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Morgan	13b. MOTHER'S MAIDEN NAME Mary Westbrook	14. NAME OF HUSBAND OR WIFE John L. Blair
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mary Burger, Mound City, Missouri	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung		
	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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aspirin Induced Hemorrhage		Unknown	

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 **May 14, 1955**, to **May 19, 1955**, that I last saw the deceased alive on **May 19, 1955**, and that death occurred at **6 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Isaac F. Sweeney M.D.	23b. ADDRESS Aspen Mo	23c. DATE SIGNED 5-23-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/23/1955	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	24d. LOCATION (City, town, or county) (State) Mound City, Missouri
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DATE REC'D BY LOCAL REG. 5/24/1955	REGISTRAR'S SIGNATURE Therese N. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE James H. Crawford	ADDRESS Mound City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.....
James Crawford

Licensed Embalmer No. *4790*

P. O. Address *Mounds Co*

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.