No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18444

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fayette, Mo.
c. LENGTH OF STAY (in this place) 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN Roanoke
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location) ----- 0880 1

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Kelsey
c. (Last) Blair

4. DATE OF DEATH (Month) June (Day) 15, (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9/12/1876
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 9 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work most of working life, even if retired) Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY Rural Route
11. BIRTHPLACE (City and State or Foreign Country) Chariton County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William White Blair
13b. MOTHER'S MAIDEN NAME Sarah M. Phelps
14. NAME OF HUSBAND OR WIFE Elizabeth Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs W. K. Blair ADDRESS Roanoke, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 3 yrs.
DUE TO (c) 4222

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 6, 1955, *to* June 15, 1955, *that I last saw the deceased alive on* June 15, 1955, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Jm. F. Shair (Degree or title) M.D.
23b. ADDRESS Fayette, Mo.
23c. DATE SIGNED 6-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/17/1955
24c. NAME OF CEMETERY OR CREMATORY Roanoke Cemetery
24d. LOCATION (City, town, or county) Roanoke, Missouri (State)

DATE REC'D BY LOCAL REG. 6-16-55
REGISTRAR'S SIGNATURE Mary K. Shell 43/2
25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr ADDRESS Fayette, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 20 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 33

P. O. Address Fayette,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.