

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20758**

BIRTH NO. **41267-55** REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **104**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Marshall	c. LENGTH OF STAY (in this place) 2 hrs.	c. CITY OR TOWN Independence	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 Fitzgibbons Hospital		STREET ADDRESS (If rural, give location) 309 West Lexington	

3. NAME OF DECEASED (Type or Print)	a. (First) DAVID	b. (Middle) KEITH	c. (Last) BLAYLOCK	4. DATE OF DEATH (Month) (Day) (Year) June 17, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *****	8. DATE OF BIRTH June 17, 1955	9. AGE (in years last birthday) 2	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *****	10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (City and State or Foreign Country) Marshall, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Don Lee Blaylock	13b. MOTHER'S MAIDEN NAME Faye Ann McKenzie	14. NAME OF HUSBAND OR WIFE *****
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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. None	17. INFORMANT'S SIGNATURE OR NAME Don Lee Blaylock, Independence, Mo.	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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Separation Placenta 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 7615	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 7615
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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?
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22. I hereby certify that I attended the deceased from **6-17, 1955**, to **6-17, 1955**, that I last saw the deceased alive on **6-17, 1955**, and that death occurred at **5:12 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE James C. Reed	(Degree or title) M.D.	23b. ADDRESS Marshall Mo	23c. DATE SIGNED 6-17-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/18/55	24c. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery	24d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.
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DATE REC'D BY LOCAL REG. 6-17-55	REGISTRAR'S SIGNATURE Cecil J. Reed	385-12 Deputy	25. FUNERAL DIRECTOR'S SIGNATURE William Ewing	ADDRESS Sedalia, Mo.
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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 *P. E. Baker*.....

Licensed Embalmer No. *24*.....

P. O. Address *Adelphi*.....

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