

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>511 Dal Whi Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>511 Dal Whi Mo</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>W.</u>	c. (Last) <u>BLAIN</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>William</u>	<u>W.</u>	<u>BLAIN</u>	<u>Aug 30 1955</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 26 1874</u>	9. AGE (In years last birthday) <u>80</u>	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) <u>Lawyer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Law</u>	11. BIRTHPLACE (State or foreign country) <u>Orrick Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Gas. W. Blain</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>Jewell Blain</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-36-1007</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jewell Blain</u>	ADDRESS <u>Sedalia</u>
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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
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>	DUE TO (b) <u>Gastric ulcers</u>		<u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Serubility &amp; general debility</u>	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced age</u>		<u>10 days</u>
			<u>5 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5400</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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 Jan 1, 1953 to Aug 30, 1955, that I last saw the deceased alive on Aug 29, 1955, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Campbell M.D.</u>	23b. ADDRESS <u>Sedalia Mo.</u>	23c. DATE SIGNED <u>8/31/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-31-55</u>	REGISTRAR'S SIGNATURE <u>W. Campbell M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros.</u>	ADDRESS <u>Sedalia</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

JAN 8 1958  
JUN 15 1958

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 .....  
Student Embalmer

Signed *K P M Crary*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.