

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32022**

FILED OCT 11 1955

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **98**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Washington c. LENGTH OF STAY (in this place) 2 weeks		c. CITY OR TOWN Springfield d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 3		e. STREET ADDRESS (If rural, give location) Route 7.	

3. NAME OF DECEASED a. (First) SAMUEL b. (Middle) FRANKLIN c. (Last) BLAIR			4. DATE OF DEATH (Month) (Day) (Year) Oct 4-1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec 8-1901		9. AGE (In years last birthday) 53		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Dishwasher		10b. KIND OF BUSINESS OR INDUSTRY Dishwasher		11. BIRTHPLACE (City and State or Foreign Country) Ohio	

13a. FATHER'S NAME David Blair		13b. MOTHER'S MAIDEN NAME Olive Miller		14. NAME OF HUSBAND OR WIFE Vera Blair	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 520-09-1641		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vera Blair - Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension		Unk.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) 444X			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7/30/55** to **10/4**, 1955, that I last saw the deceased alive on **Oct 4**, 1955, and that death occurred at **4:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George M. Bateler, M.D.		23b. ADDRESS State Hospital, Nevada, Mo.		23c. DATE SIGNED 10/4/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	
24d. LOCATION (City, town, or county) Springfield, Mo.		DATE REC'D BY LOCAL REG. 10-4-1955		REGISTRAR'S SIGNATURE Mal J. Ferris	
25. FUNERAL DIRECTOR'S SIGNATURE Alma Lohmeyer		ADDRESS Springfield, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10502

OCT 21 1955

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 *Robert E. Muhlman*.....

Licensed Embalmer No. *4916*

P. O. Address *Springfield*

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.