

0.300
0.48

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

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **36172**

BIRTH NO. _____		REG. DIST. NO. 4071		PRIMARY REG. DIST. NO. 4071		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY Camden				2. USUAL RESIDENCE (Where deceased lived) If institution: residence before a. STATE Missouri b. COUNTY Camden			
b. CITY (If outside corporate limits, write RURAL and give township) Camdenton		c. LENGTH OF STAY (If in hospital or institution, give street address or location) Blair Home		c. CITY OR TOWN Camdenton		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF DECEASED John Blair				e. STREET ADDRESS (If rural, give location) Rural Delivery 0150			
3. NAME OF DECEASED (Type or Print) a. (First) Ray		b. (Middle) E		c. (Last) Blair		4. DATE OF DEATH (Month) Nov (Day) 29 (Year) 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sep 30 1878 37	
9. AGE (In years) 77		10. MONTHS 11		11. DAYS 11		12. HOURS 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer & Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Cedar Works		11. BIRTH PLACE (City and State or Foreign Country) Green County Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Blair		13b. MOTHER'S MAIDEN NAME Martha Ann Finch		14. NAME OF HUSBAND OR WIFE Alabama Kipley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-12-0810		17. INFORMANT'S SIGNATURE OR NAME Mrs Ray Blair Ashbourn ADDRESS Camdenton			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old & new Coronary Occlusion DUE TO (c) arterial sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Sudden Chr Chr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4.501				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) (Minute)		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 Nov 29 , 19 55 , to at 6 PM , that I last saw the deceased alive on , 19 55 , and that death occurred at 2:45 PM , from the causes and on the date stated above.							
23a. SIGNATURE Arthur Bankson Woolery		23b. ADDRESS Camdenton Mo		23c. DATE SIGNED Dec 1-1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 2-55		24c. NAME OF CEMETERY OR CREMATORY Bassville Cemetery		24d. LOCATION (City, town, or county) (State) Green County Mo	
DATE REC'D BY LOCAL REG. Dec 2-1955		REGISTRAR'S SIGNATURE Gilpha Draw		25. FUNERAL DIRECTOR'S SIGNATURE Bankson Woolery		ADDRESS Camdenton Mo	

JAN 15 1937

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 *Phil Barker Wood*

Licensed Embalmer No. *248*

P. O. Address *Conde*

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.