

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43489**BIRTH NO. **51395-55** REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** (4) Registrar's No. **#**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo.		c. CITY OR TOWN Dorena, Mo.	
c. LENGTH OF STAY (in this place) 45 Min.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Delta Community Hospital		STREET ADDRESS (If rural, give location) 15 Miles South East Prairie, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Mattie m b. (Middle) G. Blasingim c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) December 17, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH May 5, 1955
9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months 12	IF UNDER 1 HR. Hours 12	IF UNDER 15 MIN.
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) Dorena, Mo.	
13a. FATHER'S NAME Jack Blasingim		13b. MOTHER'S MAIDEN NAME Juanita Blasingim	
14. NAME OF HUSBAND OR WIFE		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME 5710	
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) DIARRHEA, ENTERIC ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 5710 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. SNEAK 2. DEHYDRATION 3. VOMITING	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from PN 12-17 , 19 55 , to 12-17 , 19 55 , that I last saw the deceased alive on 12-17 , 19 55 , and that death occurred at 10:20 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Andrew G. Smith M.D.		23b. ADDRESS Sikeston Mo	
23c. DATE SIGNED 1-6-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-19-55	24c. NAME OF CEMETERY OR CREMATORY W. O. W.	24d. LOCATION (City, town, or county) (State) East Prairie, Mo.
DATE REC'D BY LOCAL REG. 1-9-56	REGISTRAR'S SIGNATURE Mrs. Edith Hunter 423	25. GENERAL DIRECTOR'S SIGNATURE Harold H. Kelly, East Prairie, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 16 1950

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 156 -12

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 Norris Shelly _____

Licensed Embalmer No. 27

P. O. Address East Prairie

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.