

FILED MAR 15 1956

STANDARD CERTIFICATE OF DEATH

State File No. 7876

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4343 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seymour</u>		c. CITY OR TOWN <u>Seymour</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>JAMES</u> b. (Middle) <u>C</u> c. (Last) <u>BLAZER</u>		<u>3-4-56</u>	
5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
<u>WIDOWED</u>		8. DATE OF BIRTH <u>8-22-1868</u>	
9. AGE (In years less than 1 year) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, give retired)	
<u>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country)	
<u>TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JACOB BLAZER</u>		13b. MOTHER'S MAIDEN NAME <u>LOUVINA SMITZER</u>	
14. NAME OF HUSBAND OR WIFE <u>FERRIEL</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E.C. Blazer</u> ADDRESS <u>Tracy Colorado</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerosis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 <u>2/1/56</u> , 1956, to <u>2/29</u> , 1956, that I last saw the deceased alive on <u>2/29</u> , 1956, and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J.R. Hill</u>		23b. ADDRESS <u>D.O. Seymour</u>	
23c. DATE SIGNED <u>3/6/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-8-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hailey</u>	
24d. LOCATION (City, town, or county) (State) <u>Webster Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rafael Bergman</u> ADDRESS <u>Seymour</u>	
DATE REC'D BY LOCAL REG. <u>3-12-56</u>		REGISTRAR'S SIGNATURE <u>Gilbert Jones</u> 343-10	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1956

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 *Max L Miller*.....

Licensed Embalmer No. *472*

P. O. Address *Mansfield,*

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.