

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13086

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5550 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>Cureall</u> <small>(If outside corporate limits, write RURAL and give township)</small>	c. LENGTH OF STAY (in this place) <u>12 yrs</u>	c. CITY OR TOWN <u>Cureall</u>	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 <input checked="" type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <u>RFD 2460</u>	

3. NAME OF DECEASED a. (First) <u>Bryant Clayton</u> b. (Middle) <u>Blaylock</u> c. (Last) <u>Blaylock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-13-56</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>6-11-1877</u>	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Frank Blaylock</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Chas Blaylock - Cureall, Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular Fibrillation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>HYPERTENSION ESSENTIAL</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PARKINSON'S DISEASE</u> <u>SENILITY</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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 1-19-1953 to 4-13-1956 that I last saw the deceased alive on 4-12-1956 and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Doc N. Wiley, M.D.</u> (Degree or title)	23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>4-16-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>4-15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Laut Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-2-56</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Kabelton Matthew Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

19-0

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 *J. S. Roberts*.....

Licensed Embalmer No. *34*
P. O. Address *North*.....

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.