

FILED MAY 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17349

State File No.

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5984</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> <u>0850</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>North Carolina</u> COUNTY <u>Duplin</u> <u>8320</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Swedeborg, Mo</u>		c. LENGTH OF STAY (in this place) <u>35 days</u>		c. CITY OR TOWN <u>Kenansville,</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>X</u> No <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None.</u>				e. STREET ADDRESS (If rural, give location) <u>None.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothy</u>		b. (Middle) <u>Maurine</u>		c. (Last) <u>Blizzard.</u>		4. DATE OF DEATH (Month) <u>5/</u> (Day) <u>6/</u> (Year) <u>1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>March 10, 1912</u>	
9. AGE (in years last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sherman, Illinois.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry A. Lercher.</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth A. James.</u>		14. NAME OF HUSBAND OR WIFE <u>Oliver Blizzard.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>Unknown.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Blizzard Kenansville, N.C.</u>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF THE CERVIX</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF LIVER</u> DUE TO (c) <u>SECONDARY</u> 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		171X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) (Min.)		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>MAR. 1, 1956</u> , to <u>MAY 6, 1956</u> , that I last saw the deceased alive on <u>MAY 1, 1956</u> , and that death occurred at <u>5:45 P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John A. Michalovich DO</u>				23b. ADDRESS <u>Crocker, Missouri</u>		23c. DATE SIGNED <u>5/7/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/7/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oaklawn Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Richland, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-7-56</u>		REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home</u> ADDRESS <u>Richland, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-4-56
Date Filed 5-12-56
File Number
Rock County Health Officer

MAY 31 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..... *Emmett C. Craig*

Licensed Embalmer No. *479*

P. O. Address..... *Reck*

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.