

STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1956

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Camden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Camden

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camdenton Osage Twp.
c. LENGTH OF STAY (in this place) 1 hr.

c. CITY OR TOWN Camdenton
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Edgar Blair farm

e. STREET ADDRESS (If rural, give location) 0150

3. NAME OF DECEASED (Type or Print)
a. (First) Dale b. (Middle) Weslie c. (Last) Blair

4. DATE OF DEATH (Month) (Day) (Year) July 4, 1956

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH June 10, 1942

9. AGE (in years last birthday) 14 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Camdenton, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edgar Weslie Blair

13b. MOTHER'S MAIDEN NAME Nellie Lillian Morris

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edgar W. Blair Camdenton, Mo.

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 Hemorrhage, Gun Shot wound by 22 long Rifle Bullet
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Everted Skull + Brain
II. OTHER SIGNIFICANT CONDITIONS Gun in hand of Rommy Vaughn

INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION With out intent to do bodily harm + violation

20. AUTOPSY? NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Osage Camden 9191 MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 4 - 1956 12

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Hit by stray Bullet 43 015

22. I hereby certify that I obtained the information from _____ last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Type name and address) Ubbi Bankson Wooley, Camden, Mo

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE July 7, 1956

24c. NAME OF CEMETERY OR CREMATORY Dale Blair Cemetery

24d. LOCATION (City, town, or county) (State) Camdenton, Missouri

DATE REC'D BY LOCAL REG. July 6 - 1956

REGISTRAR'S SIGNATURE Gilpha J. Inaw

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter P. Hedges Camdenton, Mo.

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

JUL 12 1958

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.....
Walter P. Keap

Licensed Embalmer No. 4265

P. O. Address Iberia, Mo.

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.