

FILED AUG 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24724**

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REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450** Registrar's No. **637**

1. PLACE OF DEATH a. COUNTY RIPLEY.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI. b. COUNTY RIPLEY.	
b. CITY (If outside corporate limits, write RURAL and give town or township) DONIPHAN.		c. CITY OR TOWN DONIPHAN.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 WEEKS.		e. STREET ADDRESS (If rural, give location) WEST PART OF DONIPHAN.	
d. FULL NAME OF HOSPITAL OR INSTITUTION WEST PART OF DONIPHAN			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) WILLIAM	b. (Middle) (NONE)	c. (Last) BLUE.	(Month) JUNE (Day) 22 (Year) 1956
5. SEX MALE.		6. COLOR OR RACE WHITE.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED.		8. DATE OF BIRTH JUNE 7, 1880.	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO-MECHANIC HELPER	
10b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME PERRY BLUE.		13b. MOTHER'S MAIDEN NAME HARRIETT SQUIBB.	
14. NAME OF HUSBAND OR WIFE NONE.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN.		16. SOCIAL SECURITY NO. 520-16-6110	
17. INFORMANT'S SIGNATURE OR NAME INFORMATION OBTAINED FROM A PERMIT TO ENTER TRAVEL IN AND DEPART		ADDRESS	
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 ZONE C OF ALASKA DATED JAN. 19, 1944.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS.		INTERVAL BETWEEN ONSET AND DEATH 2 HRS.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NEPHRITIS.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at UNKNOWN m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ray Means, CORONER.		23b. ADDRESS DONIPHAN, MISSOURI	
23c. DATE SIGNED JUNE 24, 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL.		24b. DATE JUNE 24, 1956	
24c. NAME OF CEMETERY OR CREMATORY DONIPHAN CEMETERY.		24d. LOCATION (City, town, or county) (State) DONIPHAN, MISSOURI.	
DATE REC'D BY LOCAL REG. 6-28-56		REGISTRAR'S SIGNATURE CR Johnston	
25. FUNERAL DIRECTOR'S SIGNATURE Ray Means		ADDRESS DONIPHAN, Mo.	

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

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

THIS BODY WAS NOT EMBALMED

Signed *Ray Means*.....

Licensed Embalmer No. *3743*..

P. O. Address *Doniphan*..

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.