XC-RN-13300 FILED JAN 4 1957

STANDARD CERTIFICATE OF DEATH

40706
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY: Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff — Inside Limits: Yes X No ☐	c. CITY OR TOWN: Lilbourn — Inside Limits: Yes ☐ No X
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VA Hospital — Length of stay in lb: 1 day	d. STREET ADDRESS (If outside, give location): Route 1 — Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print)	First: NORRIS	Middle: GLENN	Last: BLAYLOCK	4. DATE OF DEATH: Month Dec. Day 21, Year 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 8-7-33	9. AGE (In years last birthday): 23 — 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): Seaman	10b. KIND OF BUSINESS OR INDUSTRY: Navy	11. BIRTHPLACE (City and state or country): Calhoun City, Miss.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Winfred D. Blaylock		14. MOTHER'S MAIDEN NAME: Alta Ward		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korean	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT: VA HOSPITAL RECORDS — Address		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Cerebrospinal meningitis, acute, purulent

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 3403

19. WAS AUTOPSY PERFORMED? YES ☐ NO NO

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. VA attended the deceased from 12/21/56, to 12/21/56 ~~xxxxxxxxxxxxxxxx~~ him

Death occurred at 2:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James C. Williams M.D.	22b. ADDRESS: Poplar Bluff Mo. VAH	22c. DATE SIGNED: 21 Dec '56	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12-23-56	23c. NAME OF CEMETERY OR CREMATORY: Malden Park Memorial	23d. LOCATION (City, town, or county): N of Malden (State): Mo
24. FUNERAL DIRECTOR: Knight Funeral Home	ADDRESS: Malden Mo	25. DATE RECD. BY LOCAL REG.: 12/26/56	26. REGISTRAR'S SIGNATURE: P H Muetree By

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED
DEC 31 1956
BUTLER CO. HEALTH CENTER

FILE No._____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Wallace R. Knight

Licensed Embalmer No. 46

P. O. Address 822 Fair
Poplar B

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.