

FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42273

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 18	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Nodaway		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marvville		c. LENGTH OF STAY (If this place) 2 Wks.		c. CITY OR TOWN Parnell	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
e. STREET ADDRESS none		e. STREET ADDRESS (If rural, give location)		4. DATE OF DEATH 12 3 56		4. DATE (Month) (Day) (Year)	
3. NAME OF DECEASED (Type or Print)		a. (First) SAMUEL		b. (Middle) ELBERT		c. (Last) BLISS	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1/1/73	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher-retired		10b. KIND OF BUSINESS OR INDUSTRY Packing Plant		11. BIRTHPLACE (City and State or Foreign Country) Nodaway County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Bliss		13b. MOTHER'S MAIDEN NAME Daphney Frost		14. NAME OF HUSBAND OR WIFE Daisy Kinder Bliss			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-14-4894		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. S. E. Bliss, Parnell, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		ANTECEDENT CAUSES				2 wks	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				2 wks	
DUE TO (b) <u>Renal Insufficiency</u>		DUE TO (c) <u>Chronic pyelonephritis</u>				3 mos	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				12 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		6000	
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 Aug 7, 1956, to Dec. 3, 1956, that I last saw the deceased alive on Dec 3, 1956, and that death occurred at 9 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u> M. D.				23b. ADDRESS Maryville, Mo.		23c. DATE SIGNED 12/5/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/6/56		24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) -Maryville, Missouri	
DATE REC'D BY LOCAL REG. 12-15-56		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

229

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..... *John W Price*

Licensed Embalmer No. *4281*

P. O. Address *Marysville*

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.