

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18232

State File No.

FILED JUN 6 1957

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5972 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>PAIK</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>PAIK</u> ✓			
b. CITY OR TOWN <u>Flemington</u>		c. LENGTH OF STAY (in this place) <u>8 years</u>		c. CITY OR TOWN <u>Flemington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Flemington</u>				e. STREET ADDRESS (If rural, give location) <u>West Flemington</u> <u>0840</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Blair</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>23</u> - <u>1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 3-1882</u>	
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>3</u>		11. DAYS <u>20</u>		12. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Freighting</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nobara</u> <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Blair</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Lesley</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Jane Blair</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Elizabeth Floyd-Flemington, MD</u> ADDRESS <u>Flemington, MD</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, ashenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>							
INTERVAL BETWEEN ONSET AND DEATH							
ANTECEDENT CAUSES							
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (c)							
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 <u>4222</u>				20. AUTOPSY? <u>2</u> 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) m.		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>11-20</u> , 19 <u>56</u> , to <u>5-23</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-22</u> , 19 <u>57</u> , and that death occurred at <u>8:45 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. E. A. Brown DO</u>				23b. ADDRESS <u>Callins, MD</u>		23c. DATE SIGNED <u>5-24-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 25-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Flemington Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Flemington, MD</u>	
DATE REC'D BY LOCAL REG. <u>May 27, 1957</u>		REGISTRAR'S SIGNATURE <u>Robert Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Gordon</u> ADDRESS <u>Callins, MD</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0840

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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 *Chas. E. McArthur*.....

Licensed Embalmer No. *4267*.....

P. O. Address *Wheatland, Pa.*.....

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.