

FILED SEP 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32553**

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| BIRTH NO. _____ | | REG. DIST. NO. 179 | | PRIMARY REG. DIST. NO. 5667 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Lincoln | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural (Bedford Twp) | | c. LENGTH OF STAY (in this place) 1 week | | c. CITY OR TOWN Troy | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp. | | | | e. STREET ADDRESS (If rural, give location) No Street Address 2570 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Harvey c. (Last) Blair | | | 4. DATE OF DEATH (Month) (Day) (Year) August 26, 1957 | | | | |
| 5. SEX <input checked="" type="checkbox"/> Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | | 8. DATE OF BIRTH Sept 15, 1888 | |
| 9. AGE (In years last birthday) 68 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 11 HRS. Hours _____ Min. _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Cyrene, Pike Co. Missouri | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Gen. Insurance | | 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME William H. Blair | |
| 13b. MOTHER'S MAIDEN NAME Rachel Burton | | 14. NAME OF HUSBAND OR WIFE Olive Kellogg Blair | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) Yes (If yes, give war or date of service) WW I | | 16. SOCIAL SECURITY NO. 570-26-6159 | |
| 17. INFORMANT'S SIGNATURE OR NAME Roy Blair | | ADDRESS Troy, Missouri | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MALNUTRITION ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) CHRONIC PYLOIC OBSTRUCTION DUE TO (c) ESOPHAGO-GASTRECTOMY - SCARRING II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ESOPHAGITIS | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH 6 mos 4 YEARS 4 YEARS | |
| 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) (Min.) | |
| 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 7-15, 1957 , to 8-26, 1957 , that I last saw the deceased alive on 8/26, 1957 , and that death occurred at 4:15 P. M. , from the causes and on the date stated above. | | 23a. SIGNATURE (Degree or title) Dorus P. Wetlage MD | |
| 23b. ADDRESS Troy, Mo | | 23c. DATE SIGNED 8/26/57 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8/28/57 | |
| 24c. NAME OF CEMETERY OR CREMATORY Old Alexandria Cem. | | 24d. LOCATION (City, town, or county) (State) Lincoln Co. Missouri. | | DATE REC'D BY LOCAL REG. 8/29/57 | | REGISTRAR'S SIGNATURE Mrs. A. L. Rick | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Kemper-Marsh Funeral Home | | ADDRESS Troy, Mo. | | 1620 | | | |

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

SEP 23 1957

SEP 25 1957

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, JKH....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph J. Marsh.....

Licensed Embalmer No. 3932.....

P. O. Address TROY, MISSOURI.....

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.