

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32618**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5706** Registrar's No. **54**

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

1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson Twp		c. LENGTH OF STAY (in this place) 4 days		c. CITY OR TOWN <input checked="" type="checkbox"/>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				e. STREET ADDRESS (If rural, give location) 3015 N W of Anderson			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) HENRY		c. (Last) BLUE		4. DATE OF DEATH (Month) (Day) (Year) 9 4 1957	
5. SEX m		6. COLOR OR RACE all		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unmarried		8. DATE OF BIRTH 3-11-1895	
9. AGE (in years last birthday) 62		IF UNDER 1 YEAR Months 5 Days 25		IF UNDER 24 HOURS Hours 2 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY Store keeper		11. BIRTHPLACE (City and State or Foreign Country) Tulala, Oklahoma		12. COUNTRY OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME Rosa Embada Jean Blue			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes world war I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara Gardner Wichita Falls, Tex.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY Occlusion 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.					INTERVAL BETWEEN ONSET AND DEATH Sudden
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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)		4201	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. Humphrey, Jr. Coroner			23b. ADDRESS Noel, Mo		23c. DATE SIGNED 9-6-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-6-1957		24c. NAME OF CEMETERY OR CREMATORY New Bethel Cem		24d. LOCATION (City, town, or county) (State) Anderson, Mo.	
DATE REC'D BY LOCAL REG. 9-25-57		REGISTRAR'S SIGNATURE Maynes Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R.E. Cleatham Anderson, Mo.			

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.....

Licensed Embalmer No. 470

P. O. Address Noel M

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.