

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012939

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CABOOL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>CABOOL 1070</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b <u>40 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>CEDAR ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>MARGARET</u> Middle <u>ELIZABETH</u> Last <u>BLAIR</u>				4. DATE OF DEATH Month <u>4</u> Day <u>1</u> Year <u>58</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>6-27-1898</u>		9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> 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>LIBRARIAN</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>CABOOL, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>CHARLES DAVIS</u>				14. MOTHER'S MAIDEN NAME <u>MABE GRANT</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Carl E.</u> Address <u>Bob Blair, Springfield, MO.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Posterior Coronary occlusion with Rupture</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Diabetes</u>				DUE TO (c)		30 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour <u>1</u> Month <u>1</u> Day <u>1</u> Year <u>1</u> a. m. <u>0</u> p. m. <u>0</u>										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Cabool, Mo.</u>		COUNTY		STATE		
21. I attended the deceased from <u>July 1955</u> to <u>April 1, 1958</u> and last saw her ^{him} alive on <u>4/1/58</u> Death occurred at <u>10:5 p m</u> on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>J. L. Spear</u> (Degree or title) <u>MO.</u>				22b. ADDRESS <u>Cabool, Mo.</u>				22c. DATE SIGNED <u>4/4/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-4-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CABOOL CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>CABOOL, MO.</u>				
24. FUNERAL DIRECTOR <u>ELLIOTT-GENTRY, CABOOL MO.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>4-8-58</u>		26. REGISTRAR'S SIGNATURE <u>Raynell Cunningham</u>				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Medical Certification
 Affidavit of Spouse Connected 4-4-62

JUN 18 1958

MAY 19 1958

MAY 20 1958

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 *James L. Henty*

Licensed Embalmer No. *117*

P. O. Address *Calrod*

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.