

FILED OCT 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032244
STATE FILE NUMBER

Registration District No. 109 Primary Registration District No. 5424 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union, Rural		c. CITY OR TOWN Malden Air Base	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 Mi. W. Malden, Mo.		d. STREET ADDRESS (If outside, give location) Air Base	
3. NAME OF DECEASED (Type or print) JAMES EDWARD BLISS		4. DATE OF DEATH SEPT, 24 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-10-22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Anderson Air Activities		10b. KIND OF BUSINESS OR INDUSTRY Mechanic	11. BIRTHPLACE (City and state or country) Caraway, Arkansas
13a. FATHER'S NAME R. P. Bliss		13b. MOTHER'S MAIDEN NAME Mamie Frazier	14. NAME OF HUSBAND OR WIFE Annie Bliss
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If positive, write dates of service) Yes W.W. II		16. SOCIAL SECURITY NO. 310-16-5075	17. INFORMANT Address Annie Bliss, Malden Air Base.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Injuries, Skull Fracture. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Auto Accident. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Punctured Left Lung, Fractures of Femour, &			INTERVAL BETWEEN ONSET AND DEATH 25 minutes
20a. ACCIDENT <input checked="" 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.) Auto Accident	
20c. TIME OF INJURY 9:00 p.m. 9-24-58		20f. CITY, TOWN, OR LOCATION COUNTY STATE 8Mi. W. Malden, Mo. Dunklin	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway J	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 9:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dress or title) Quinton James 3 Quinton Turner, W. D. Coroner		22b. ADDRESS Kennett, Mo.	22c. DATE SIGNED 9-26-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-28-58	23c. NAME OF CEMETERY OR CREMATORY MANGRUM, ARK
24. FUNERAL DIRECTOR ADDRESS Langford, Jonesboro, Ark.		23d. LOCATION (City, town, or county) (State) MANGRUM ARK	25. DATE RECD. BY LOCAL REG. 10/9/58
26. REGISTRAR'S SIGNATURE Mrs. Rachel J. [Signature]			

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COUNTY FILE NUMBER 705

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 *J. J. Schuman*
Licensed Embalmer No. *4086*
P. O. Address *Malden*

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.