

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012242

STATE FILE NUMBER

8
FILED MAY 11 1959

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Dade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN So. Greenfield Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Hospital		Length of stay in lb 1da	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First George Middle Michel Last Blaine			4. DATE OF DEATH Month April Day 27 Year 1959			
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 June 12 1874	9. AGE (In years last birthday) 84	FUNDER 1 YEAR Months 10 Days 15 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minster		10b. KIND OF BUSINESS OR INDUSTRY Minstery	11. BIRTHPLACE (City and state or country) Henry Co Mo.		12. CITIZEN OF WHAT COUNTRY? usa	
13a. FATHER'S NAME John H Blaine		13b. MOTHER'S MAIDEN NAME Amanda Elizabeth Blaine		14. NAME OF HUSBAND OR WIFE Daisy Jones Blaine		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Charles R Blaine Kansas City Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation DUE TO (b) Uremia DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown	
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____						
20d. INJURY OCCURRED WHILE AT <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		COUNTY	STATE	
21. I attended the deceased from 4/26/59 , to 4/27/59 and last saw her alive on 4/26/59 Death occurred at 3:30A m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE C. R. Cain (Degree or title)			22b. ADDRESS Lamar Mo		22c. DATE SIGNED 5/4/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 29 1959	23c. NAME OF CEMETERY OR CREMATORY White Chapel		23d. LOCATION (City, town, or county) (State) Springfield Mo.		
24. FUNERAL DIRECTOR W.A. Allison		ADDRESS Greenfield Mo.	25. DATE RECD. BY LOCAL REG. MAY 7 - 59	26. REGISTRAR'S SIGNATURE Marie Konantz		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *W. P. Allison*

Licensed Embalmer No. *4404*

P. O. Address *Greenville*

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.