

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018339

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 52

300
-57

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, give TOWNSHIP only) OR TOWN Troy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Troy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1020 Cap-au-Gris		Length of stay in 1b 40 yr.	d. STREET ADDRESS (If outside, give location) 1020 Cap-au-gris		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANDREW Middle JACKSON Last BLAIR			4. DATE OF DEATH Month May Day 18 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 7, 1875	9. AGE (In years last birthday) 84 MONTHS 4 DAYS 11 HOURS MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance & Real estate		11. BIRTHPLACE (City and state or country) Troy MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm Blair		13b. MOTHER'S MAIDEN NAME Racheal Harvey	
14. NAME OF HUSBAND OR WIFE Bessie M. Blair		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Bessie M. Blair		Address Troy 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) Carcinoma metastatic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of prostate DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177X	
19. INTERVAL BETWEEN ONSET AND DEATH		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 _____ 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 Troy MO.		COUNTY		STATE	
21. I attended the deceased from 4/10/58 to May 18, 1959 and last saw ^{her} / _{him} alive on _____ Death occurred at 7:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Delesch (Dress or title)			22b. ADDRESS Troy Mo		22c. DATE SIGNED 5/19/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 20, 1959	23c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		23d. LOCATION (City, town, or county) (State) Troy MO.
24. FUNERAL DIRECTOR D.W. McCoy ADDRESS Troy Mo			25. DATE RECD. BY LOCAL REG. May 20-1959		26. REGISTRAR'S SIGNATURE Charlotte Leek

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

hLEI 8 NITE

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 *D.O. McCoy*

Licensed Embalmer No. *3586*

P. O. Address... *Any mo*

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.