

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 1959 *278*

*3054*

*113*

59-033320

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

INDEXED

1. PLACE OF DEATH a. COUNTY <i>PIKE</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>PIKE</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>LOUISIANA</i>		Length of stay in 1b <i>4 wks</i>	c. CITY OR TOWN <i>BOWLING GREEN</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>PIKE COUNTY HOSPITAL</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1320 W CENTENNIAL</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>MAUDE CALDWELL BLAIR</i>			4. DATE OF DEATH Month Day Year <i>SEPT 18 1959</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>OCT 22 76</i>	9. AGE (last birthday) <i>82</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MUSIC TEACHER</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>CYNTHIANA, KY</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>JOSEPH H. BLAIR</i>		13b. MOTHER'S MAIDEN NAME <i>ANNA GARNETT</i>		14. NAME OF HUSBAND OR WIFE <i>MRS. MARY B. SMITH, BOWLING GREEN, MO</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT <i>MRS. MARY B. SMITH, BOWLING GREEN, MO</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic/renal disease</i>					<i>5 yrs</i>
DUE TO (c) _____					_____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <i>-----</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>-----</i>					
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.) <i>-----</i>	20f. CITY, TOWN, OR LOCATION <i>-----</i>	COUNTY <i>-----</i>	STATE <i>-----</i>	
21. I attended the deceased from <i>1958</i> to <i>9/18/59</i> and last saw her <i>alive</i> on <i>9/18/59</i> Death occurred at <i>11:08</i> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Chas. H. Luwiler MD</i>			22b. ADDRESS <i>122 South 3rd, Louisiana, Mo.</i>		22c. DATE SIGNED <i>9-20-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>SEPT. 20, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>BOWLING GREEN CEMETERY</i>		23d. LOCATION (City, town, or county) (State) <i>BOWLING GREEN MO</i>	
24. FUNERAL DIRECTOR <i>GRACE BANKHEAD, BOWLING GREEN, MO</i>		ADDRESS <i>Box 23-59</i>	25. DATE RECD. BY LOCAL REG. <i>Sept 23-59</i>	26. REGISTRAR'S SIGNATURE <i>Bernice Collier</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold C. Kirks

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.