

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020417

FILED VS MAY 18 1960

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 52

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived, or institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Aldrich</u>		Length of stay in 1b <u>Life-time</u>		c. CITY OR TOWN <u>Aldrich</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles west of Aldrich</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3 miles West of Aldrich</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>VERLIE</u> Middle _____ Last <u>BLAIR</u>				4. DATE OF DEATH Month <u>May</u> Day <u>7</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>June 6 - 1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>on farm</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Polk Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jackson Blair</u>			13b. MOTHER'S MAIDEN NAME <u>Nettie Kirby</u>		14. NAME OF HUSBAND OR WIFE <u>never married</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. <u>none</u>	17. INFORMANT Address <u>Walter Holman - Walnut Grove - 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>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>								
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 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____								
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		COUNTY	STATE	
21. I attended the deceased from <u>May 3 '60</u> to <u>May 7 '60</u> and last saw her alive on <u>May 6 '60</u> Death occurred at <u>11:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>W. Bennett</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Polk Mo.</u>		22c. DATE SIGNED <u>5-10-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-9-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery</u>		23d. LOCATION (City, town, or county) <u>Aldrich - Mo.</u>		(State)		
24. FUNERAL DIRECTOR <u>Brown - Dawit - Walnut Grove - Mo</u>			ADDRESS <u>5-13-1960</u>		25. DATE RECD. BY LOCAL REG. <u>5-13-1960</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Gordon, per Russell Gordon</u>		

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

Ray B. Ireland

Licensed Embalmer No. 5052

P. O. Address Mount Laurel, N.J.

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.