

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025803

AMENDED

Registration District No. 169Primary Registration District No. 42.50Registrar's No. 24

STATE FILE NUMBER

FILED AUG 7 1961

1. PLACE OF DEATH a. COUNTY KNOX		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina		c. CITY OR TOWN Baring, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gibson Hospital		d. STREET ADDRESS (If outside, give location) Baring, Mo.	
3. NAME OF DECEASED (Type or print) First Mary Middle Eliza Last Blaine		4. DATE OF DEATH Month July Day 27 Year 1961	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/26/1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Scotland County, Mo.	
13a. FATHER'S NAME Samuel Tremain		14. NAME OF HUSBAND OR WIFE Virgil Blaine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Mrs. Lela Lay Address Edina, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septis due to Aspiration Pneumonia DUE TO (b) Bacterial Cerebral Thrombosis DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" 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.)	
20c. TIME OF INJURY Hour 8 a.m. p.m. Month, Day, Year Dec 1959	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 Edina Mo.	
20g. COUNTY Scotland		20h. STATE Missouri	
21. I attended the deceased from Dec 1959 to July 27, 1961 and last saw her/him alive on July 27 Death occurred at 8 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. H. Gibson, D.O. (Degree or title)		22b. ADDRESS Edina Mo.	
22c. DATE SIGNED 7-29-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/30/1961	23c. NAME OF CEMETERY OR CREMATORY Church of Christ Cemetery	
23d. LOCATION (City, town, or county) Rible Grove, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Hubert		25. DATE RECD. BY LOCAL REG. July 28 1961	
26. REGISTRAR'S SIGNATURE Hubert A. Hummer			

(Licensed Embalmer - Statement on Reverse Side)

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 myself, Student Embalmer No. 1
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred Bluetz

Licensed Embalmer No. 4258

P. O. Address Memphis 2

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.