

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012274

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 90

FILED APR 16 1962

VS 300	DATE AMENDED
Rev. 4/59	
1 <u>0887</u>	
2 <u>0887</u>	
3 <u>2</u>	
4 <u>0</u>	
5 <u>0</u>	
6	
7 <u>1</u>	
8 <u>2</u>	
<u>9260X</u>	
10	
11	
12 <u>90-0</u>	
13 <u>1-0</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u>		Length of stay in lb <u>11 years</u>	c. CITY OR TOWN <u>Moberly</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>501 Morehead</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside give location) <u>501 Morehead</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE NATHAN BLOOD</u>			4. DATE OF DEATH Month Day Year <u>April-4-1962</u>
5. SEX <u>Male</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>8-4-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>76</u>
11a. FATHER'S NAME <u>Nathan L. Blood</u>		11b. MOTHER'S MAIDEN NAME <u>Laura A. Blood</u>	11c. BIRTHPLACE (City and state or country) <u>Mitchellville Va</u>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		13. SOCIAL SECURITY NO. <u>None</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocarditis</u>		16. INTERVAL BETWEEN ONSET AND DEATH <u>months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Shock, pain, weakness from</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) <u>Left leg amputation Feb/1961 @ Thrombosis mild Diabetes</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" 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 checked="" 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 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Apr/1960</u> to <u>April 4/62</u> and last saw him <u>Apr. 3/1962</u> Death occurred at <u>3:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Decede or title) <u>D. L. E. Huber MD</u>		22b. ADDRESS <u>Moberly Mo.</u>	22c. DATE SIGNED <u>4/4/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April-6-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grand Prairie Cemetery</u>	23d. LOCATION (City, town, or county) <u>Cairo Mo.</u>
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-6-62</u>	26. REGISTRAR'S SIGNATURE <u>Seablowe</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moherly Ma

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.