

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026461

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 5303

Registrar's No. 284

STATE FILE NUMBER

FILED JUL 23 1962

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson		Length of stay in lb 53 yrs.	c. CITY OR TOWN Jefferson City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 5 Jefferson City		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) Route 5
3. NAME OF DECEASED (Type or print) First Middle Last James Thomas Blair, Jr.		4. DATE OF DEATH Month Day Year July 12, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 3-15-1902
9. AGE (last birthday) 60		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY law office	11. BIRTHPLACE (City and state or country) Maysville, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James T. Blair	
13b. MOTHER'S MAIDEN NAME Grace E. Ray		14. NAME OF HUSBAND OR WIFE Emilie C. Chorn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. James T. Blair 111, St. Louis, Mo.	
17. INFORMANT Address		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>Coronary Monocyte Occlusion 2-3 hrs.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT SUICIDE HOMICIDE ☒ ☐ ☐	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Left motor running in garage (accidental)</i>		20c. TIME OF INJURY Hour a.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>	
20f. CITY, TOWN, OR LOCATION <i>Cole, Mo.</i>		20g. COUNTY <i>Cole</i>	
20h. STATE <i>Mo.</i>		21. I attended the deceased from _____ to _____ and last saw her/him alive on <i>July 11/62</i> Death occurred at <i>around 11:00 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Dean W. Dayton M.D.</i>		22b. ADDRESS <i>Jefferson City, Mo.</i>	
22c. DATE SIGNED <i>7-13-62</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>7-18-1962</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Riverview Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Jefferson City, Missouri</i>		24. FUNERAL DIRECTOR <i>Gideon N. Houser Jefferson City, Mo.</i>	
25. DATE REC'D. BY LOCAL REG. <i>18 July 1962</i>		26. REGISTRAR'S SIGNATURE <i>Thomas W. Richter</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS JUL 24 1962

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 Gene C. Hunter

Licensed Embalmer No. 4734

P. O. Address Jefferson City, 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.