

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047368

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 622

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 21 1962

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in lb 25 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1809 Grand Avenue Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jasper
 c. CITY OR TOWN Joplin Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1809 Grand Avenue Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last (Type or print) ANDREW S. BLAIN
 4. DATE OF DEATH Month Day Year December 8, 1962
 5. SEX Male
 6. COLOR OR RACE White
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 2-24-1889
 9. AGE (last birthday) 73
 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) Painter & Decorator
 10b. KIND OF BUSINESS OR INDUSTRY Decorating
 11. BIRTHPLACE (City and state or country) Texas
 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME Hartley Blain
 13b. MOTHER'S MAIDEN NAME Anna Hudson
 14. NAME OF HUSBAND OR WIFE Mary Elizabeth Blain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
 16. SOCIAL SECURITY NO. None
 17. INFORMANT Address Wichita, Kan
Raymond Blain, 2033 S. Parkwood Lane,

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) CORONARY OCCLUSION. INTERVAL BETWEEN ONSET AND DEATH 10 Min.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy and Dilatation. 2 years.
Cor Pulmonale. Chronic bronchial Asthma.
 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.)
 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.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1960. to Dec. 1962 and last saw him alive on Dec. 7, 1962.
 Death occurred at 1:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. E. Silbane M.D.
 22b. ADDRESS 408 West Fourth St. Joplin
 22c. DATE SIGNED Dec. 11

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
 23b. DATE 12-10-1962
 23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial Cemetery
 23d. LOCATION (City, town, or county) (State) Joplin, Mo.

24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo.
 25. DATE RECD. BY LOCAL REG. 12-14-1962
 26. REGISTRAR'S SIGNATURE Dove Merrison

VS 300
 Rev. 4/59
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20499
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94201
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

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 DAVID DILLON, Jr., Student Embalmer No. 679

working under my personal supervision.

Student David Dillon, Jr.
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.