MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035383

STATE FILE NUMBER

Registration District No. 58 Primary Registration District No. 5214 Registrar's No. 17

FILED OCT 11 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0180
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Carter
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rte 3 Ellsinore, Mo. — Length of stay in Tb: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rte 3, Ellsinore, Mo. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Carter
c. CITY OR TOWN: Rte 3, Ellsinore, Mo. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): - - - — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: JAMES Middle: MORLOR Last: BLUE

4. DATE OF DEATH: Month: Sept. Day: 3 Year: 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-23-1888
9. AGE (last birthday): 75 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (City and state or country): Wayne County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Uriah Blue
13b. MOTHER'S MAIDEN NAME: Jane Skaggs
14. NAME OF HUSBAND OR WIFE: Addie (Graham) Blue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 478-18-5356
17. INFORMANT: Address: Mrs. Addie Blue, Rte 3, Ellsinore, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ACUTE MYOCARDIAL INFARCTION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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. ☐ 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. p.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 5/23/63 to 5/28/63 and last saw him alive on 7/19/63
Death occurred at 3:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James H Blue
22b. ADDRESS: 215 Oak St., Poplar Bluff, Mo.
22c. DATE SIGNED: 9/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 5, 1963
23c. NAME OF CEMETERY OR CREMATORY: Henson
23d. LOCATION (City, town, or county) (State): Near Ellsinore, Missouri

24. FUNERAL DIRECTOR: Greer Croy & Fitch, ADDRESS: Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 10 - 63
26. REGISTRAR'S SIGNATURE: Mrs Octa Henson

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1963

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 Phil A Feuchel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff, 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.