

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035383

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 5-8 Primary Registration District No. 5-214 Registrar's No. 17

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

FILED OCT 11 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	1	0180
2						0180	
3						1	
4						0	
5						1	
6							
7						0	
8						0	
9						4/201	
10							
11						1290-0	
13						1-1	
ITEM NO.						SHOULD READ	

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carter	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rte 3 Ellsinore, Mo.		Length of stay in 1b Life	c. CITY OR TOWN Rte 3, Ellsinore, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rte 3, Ellsinore, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) - - -
3. NAME OF DECEASED (Type or print) First Middle Last JAMES MORLOR BLUE			4. DATE OF DEATH Month Day Year Sept. 3 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-23-1888
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.	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) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Address Mrs. Addie Blue, Rte 3, Ellsinore, Mo.		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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		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 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) <i>James Henson</i>		22b. ADDRESS 215 Oak St., Poplar Bluff, Mo.	
22c. DATE SIGNED 9/5/63		22d. DATE SIGNED	
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 ADDRESS Greer Croy & Fitch, Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 10-63	
26. REGISTRAR'S SIGNATURE <i>Mrs Oeta Henson</i>		26. REGISTRAR'S SIGNATURE	

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 O. Leuchel
Licensed Embalmer No. 2936

P. O. Address Caplan 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.