

FILED NOV 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37570

BIRTH NO. 74992-50 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 373

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Candlen</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Candlen</u> 0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Lebanon</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Michael</u> c. (Last) <u>Blair</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>whx</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Nov 14 - 50</u>
9. AGE (In years last birthday) <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Leslie Blair</u>		13b. MOTHER'S MAIDEN NAME <u>Roosener</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Blair</u> ADDRESS <u>Candlen</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis, right lung</u> <u>Atelectasis, Rt. Lung.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8:20 PM 19</u> to <u>11-16-50</u> , that I last saw the deceased alive on <u>11-16</u> , 1950, and that death occurred at <u>3:15 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Quentin Cromer M.D.</u>		23b. ADDRESS <u>Lebanon, Mo</u>	
23c. DATE SIGNED <u>11-17-50</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>removed to burial</u>	
24a. DATE <u>Nov 17-50</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Porch</u>	
24c. LOCATION (City, town, or county) (State) <u>Candlen Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen-Walshy, Candlen</u> ADDRESS <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-18-1950</u>		REGISTRAR'S SIGNATURE <u>hella L. clay</u>	

Received NOV 25 1950
Laclede County Health Unit
File No. 11-50-175
Date Filed NOV 27 1950

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
Student Embalmer

Signed

W. B. Banks

Licensed Embalmer No. 2488

P. O. Address Camden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.