

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1235**

FILED JAN 12 1953

| | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|---|---------|--------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 137 | | PRIMARY REG. DIST. NO. 4213 | | Registrar's No. 12 | | | | | |
| 1. PLACE OF DEATH a. COUNTY BATES | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo | | | | b. COUNTY MONROE | | | |
| b. CITY OR TOWN Montrose | | c. LENGTH OF STAY (In this place) 46 yr | | c. CITY OR TOWN Montrose Mo | | | | d. STREET ADDRESS (If rural, give location) 042 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION None | | | | 3. NAME OF DECEASED a. (First) ODEN | | b. (Middle) O | | c. (Last) BLEW | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) Jan 6 - 53 | | 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | | 8. DATE OF BIRTH Jan. 12 - 1895 | | | |
| 9. AGE (In years) (Months) (Days) 57 11 24 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) MINN. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME EDWIN L. Blew | | | 13b. MOTHER'S MAIDEN NAME Jucy Ann Comstock | | | 14. NAME OF HUSBAND OR WIFE CORA BLEW | | | | | |
| 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'S SIGNATURE OR NAME Mrs. Cora Blew | | | | | ADDRESS | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis | | | | INTERVAL BETWEEN ONSET AND DEATH 10 hours | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatism | | | | DUE TO (c) | | | | 10 yrs | | | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 721X | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 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 8-19 1952 , to 1-6 1953 , that I last saw the deceased alive on 1-6 1953 , and that death occurred at 5:30 a.m. , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) W.E. Baggaley M.D. | | | | 23b. ADDRESS Montrose Mo | | | | 23c. DATE SIGNED 1-7-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE Jan. 8-53 | | 24c. NAME OF CEMETERY OR CREMATORY Montrose | | 24d. LOCATION (City, town, or county) (State) Montrose Mo | | | | | |
| DATE REC'D BY LOCAL REG. Jan-8-53 | | REGISTRAR'S SIGNATURE Florence Adair | | 25. FUNERAL DIRECTOR'S SIGNATURE Jason Eckhoff | | | | | | ADDRESS Capitol City Mo | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton 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 this body is not embalmed, fact should be so stated above.