

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26125**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 892

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>	
c. LENGTH OF STAY (In this place) <u>25 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>613 So. 21st</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>613 So. 21st</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Famous</u>	b. (Middle) <u>E</u>	c. (Last) <u>Blue</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 21, 1883</u>	9. AGE (In years less birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Methodist Hosp.</u>	11. BIRTHPLACE (State or foreign country) <u>Stanberry, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edward Blue</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Gillett</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie</u>
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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>552-28-1110</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Chas. Saulan St Joseph, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr -</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>arteriosclerotic</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>4 1/2 hr</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SOURCE (Specify) <u>Home</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8:14</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from 8/14, 1949, to 8/14, 1949, that I last saw the deceased alive on 8/14, 1949, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank W. Handegan</u>	23b. ADDRESS <u>St. Joseph Mo. 620 Throckmold St</u>	23c. DATE SIGNED <u>8/10/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Albany, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 19, 1949</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>	382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman W. Anderson St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert L. Gable
Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Buchanan } ss.

State File No. 261-2849
892
Local Registrar's No. 1111

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31 day of August, 1949, before me appears
Mrs. Juanita W. Saulan, who, upon her oath, states that the original record of ~~birth~~ death
for Famous E. Blue ^{died} August 14th, 1949 in the State of
Missouri, and which was filed at St. Joseph ~~born~~ on 1949, should be corrected as follows:

Item No. 8 should read September 21, 1883

Instead of September 21, 1879

Item No. 9 should read Age 65 Years

Instead of Age 69 Years

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Juanita W. Saulan
613 So. 21st
Present Address.
Relationship Daughter.

Subscribed and sworn to before me this 31st day of August, 1949.

My Commission expires My Commission Expires Apr. 6, 1951
Emma A. Byrnes Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

