

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7668**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 404

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>HARRISON</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>Savannah BETHANY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>710 So 9th St.</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u> <u>0411</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glacem</u>		b. (Middle) <u>M</u>	
c. (Last) <u>Blessing</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u>	8. DATE OF BIRTH <u>May 4, 1901</u>
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Bethany, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Blessing</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Black</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (unknown)) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-14-5218</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Blessing, St. Joseph, Mo.</u>		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) <u>Acute Alcoholism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Inanition</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>3220</u>		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>NO</u> YES <input type="checkbox"/> NO <input checked="" 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) _____	
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>viewed</u> , 19 <u>50</u> , to <u>3/28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/28</u> , 19 <u>50</u> , and that death occurred at <u>7:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. W. Tadlock, Jr.</u> (Degree or title) <u>Acting Coroner</u>		23b. ADDRESS <u>King Hill Bldg.</u>	
23c. DATE SIGNED <u>3/30/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3/31/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wester Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Newburg, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barry Funeral Home, St. Joseph, Mo.</u>	
25. ADDRESS _____		DATE REC'D BY LOCAL REG. <u>April 3, 1950</u>	
REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u>		382	

(Licensed Embalmer's Statement on Reverse Side)

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

0117
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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.

Signed Victor J. Barry

Signed.....
Student Embalmer

Licensed Embalmer No. 4212

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.