

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 28 1951

State File No. 12211  
360

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 360

396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>15 years</u>		d. STREET ADDRESS (If rural, give location) <u>1322 N. Grant Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1322 N. Grant Avenue</u>			

3. NAME OF DECEASED a. (First) <u>LINNIE</u>		b. (Middle) <u>ANGELINE</u>		c. (Last) <u>BLAZOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 23, 1951</u>	
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>29 August 1873</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Min.	
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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>		11. BIRTHPLACE (State or foreign country) <u>Marshfield, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>Alexander King</u>			13b. MOTHER'S MAIDEN NAME <u>Sina East</u>			14. NAME OF HUSBAND OR WIFE <u>Relus C. Blazor</u>					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Blazor, Springfield, Missouri.</u>							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION									
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Renal Vascular Disease</u>									
		INTERVAL BETWEEN ONSET AND DEATH									
		ANTECEDENT CAUSES									
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.									
		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.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>										20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)					
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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?			
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22. I hereby certify that I attended the deceased from 1951, to Apr 23, 1951, that I last saw the deceased alive on Apr 20, 1951, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Deceased or title)				23b. ADDRESS <u>Springfield, Mo.</u>				23c. DATE SIGNED <u>4-25-51</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>25 Apr 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marshfield</u>				24d. LOCATION (City, town, or county) (State) <u>Marshfield, Missouri</u>			
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DATE REC'D BY LOCAL REG. <u>4-26-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature], Springfield, Mo.</u>			
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Frank C. Phelan*

Licensed Embalmer No. *2899*

P. O. Address *Springfield, Mass*

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.