V.S. No. 300
REV. 10.48

FILED JAN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

63

State File No.

0043

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Andrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (In this place): 69 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 817 S. Trinity St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico 0043
d. STREET ADDRESS (If rural, give location): 817 S. Trinity St.

3. NAME OF DECEASED (Type or Print)
a. (First): PEARL
b. (Middle): —
c. (Last): BLUE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 24th 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-10-1882
9. AGE (In years last birthday): 69
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): Doorman
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James Blue
13b. MOTHER'S MAIDEN NAME: Nannie Taylor
14. NAME OF ~~HUSBAND OR~~ WIFE: Adora Blue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Adora Blue ADDRESS: Mexico Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart Congestion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia
DUE TO (c) Coronary Arteriosclerosis

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: 022X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-28, 19 51, *to* 1-24-, 19 52, *that I last saw the deceased alive on* 1-24-, 19 52, *and that death occurred at* 6:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. J. Eckos (Degree or title) MD
23b. ADDRESS: Mexico, Mo
23c. DATE SIGNED: 1-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-27-1952
24c. NAME OF CEMETERY OR CREMATORY: Elmwood
24d. LOCATION (City, town, or county) (State): Mexico Mo.

DATE REC'D BY LOCAL REG.: Jan 27-1952
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: Stuart R. Parker ADDRESS: Columbia Mo.

(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 Stuart D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.