

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14927

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 467

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City	
c. LENGTH OF STAY (In this place) 16 Da		d. STREET ADDRESS (If rural, give location) 0380 / 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) DIANTHA c. (Last) Blair			4. DATE OF DEATH (Month) (Day) (Year) May 8, 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 1, 1918	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Miami, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME Charles White	13b. MOTHER'S MAIDEN NAME Alice M. Allen	14. NAME OF HUSBAND OR WIFE Marvin Blair
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-36-7174	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marvin Blair, King City, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis		INTERVAL BETWEEN ONSET AND DEATH 4 Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal obstruction		7 days
	DUE TO (c) Post-operative adhesions		14 days
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4/20, 1954, to 5/8, 1954, that I last saw the deceased alive on 5/8, 1954, and that death occurred at 6 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. L. Torrance M.D.	23b. ADDRESS 420 N. 8th St. Joseph, Mo.	23c. DATE SIGNED 5/9/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 11, 54	24c. NAME OF CEMETERY OR CREMATORY Rockville Cemetery	24d. LOCATION (City, town, or county) (State) Miami Co., Kansas
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DATE REC'D BY LOCAL REG. May 10, 1954	REGISTRAR'S SIGNATURE Esther M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland W. Clark King City, Mo.
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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

Roland W. Clark

Licensed Embalmer No. *4477*

P. O. Address *King 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.