

FILED SEP 3 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28354**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **239** PRIMARY REG. DIST. NO. **4356** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Parma</b>	c. LENGTH OF STAY (in this place) <b>9 yrs</b>	c. CITY OR TOWN <b>Parma</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home, City</b>		f. STREET ADDRESS (If rural, give location) <b>City 0720</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GROVER</b> b. (Middle) <b>T.</b> c. (Last) <b>BLAYLOCK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 25 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 24, 1885</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>R. H. Blaylock</b>	13b. MOTHER'S MAIDEN NAME <b>Hizzie Woods</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Blaylock</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bertha Blaylock, Parma, Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac decompensation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</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 <b>443X</b>	20. AUTOPSY? 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 **8-23, 1954**, to **8-25, 1954**, that I last saw the deceased alive on **8-23, 1954**, and that death occurred at **2:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Geo. W. Bluntel MD</b>	(Degree or title)	23b. ADDRESS <b>Parma, Mo.</b>	23c. DATE SIGNED <b>8/30/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 28, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clarkton, Mo. R.1</b>
DATE REC'D BY LOCAL REG. <b>8/30/54</b>	REGISTRAR'S SIGNATURE <b>Dr. Geo. W. Bluntel MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home, Campbell, Mo.</b>	ADDRESS

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

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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. .

Student.....  
Signature of Student Embalmer

Signed *Christina M. Landers*.....

Licensed Embalmer No. *422*.....

P. O. Address *Campbell*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.