

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40700

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Harrison</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) <u>Bethany</u>		c. CITY OR TOWN <u>New Hampton</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Bethany Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>North part of New Hampton</u> 0410	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sylvia</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Blessing</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 22 1954</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 26 1886</u>	9. AGE (In years) last birthday <u>68</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>26</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home Owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles E. Francis</u>	13b. MOTHER'S MAIDEN NAME <u>Chloe Jane Arthurs</u>	14. NAME OF HUSBAND OR WIFE <u>Calvin Blessing</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Calvin Blessing</u>	ADDRESS <u>New Hampton MO</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia - unclassified</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>293x</u>	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) m.	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 1949, 1954, to 12-22, 1954, that I last saw the deceased alive on 12-22, 1954, and that death occurred at 10-10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Broyles</u> (Degree or title) <u>MO</u>	23b. ADDRESS <u>Bethany MO</u>	23c. DATE SIGNED <u>12/23/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 24 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Misom Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany MO</u>
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DATE REC'D BY LOCAL REG. <u>12/23/54</u>	REGISTRAR'S SIGNATURE <u>Zola Barnes</u> 116-2	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Noble &amp; Son</u>	ADDRESS <u>New Hampton MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 *W. H. Noble*

Licensed Embalmer No. *2908*

P. O. Address *New Haven*

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.