

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27743**

FILED SEP 4 1956

BIRTH NO.		REG. DIST. NO. 201		PRIMARY REG. DIST. NO. 4873		Registrar's No. 200			
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Nodaway					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Barnard		c. LENGTH OF STAY (In this place) 80 yrs		c. CITY OR TOWN Barnard		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 town				e. STREET ADDRESS (If rural, give location) 0740					
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Louise c. (Last) Blagg			4. DATE OF DEATH (Month) (Day) (Year) 8-26-1956						
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7-1-1865		9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of adult life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home-own		11. BIRTHPLACE (City and State, or Foreign Country) Blandsville, Ill.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Campbell			13b. MOTHER'S MAIDEN NAME Mary Thrasher		14. NAME OF HUSBAND OR WIFE Albert Sidney Blagg				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ebla Wolford-Barnard, 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) Mesenteric Vascular Occlusion						INTERVAL BETWEEN ONSET AND DEATH 36 hrs.		
	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 5702					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) m.		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 8/25/56 , 19 56 , to 8/26 , 19 56 , that I last saw the deceased alive on 8/26 , 19 56 , and that death occurred at 12:45 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE M. L. Holliday M.D.				23b. ADDRESS Fillmore, Missouri		23c. DATE SIGNED 8/29/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/28/1956	24c. NAME OF CEMETERY OR CREMATORY Barnard Cemetery		24d. LOCATION (City, town, or county) (State) Barnard, Mo				
DATE REC'D BY LOCAL REG. 9-1-56		REGISTRAR'S SIGNATURE Bess Holt		25. COUNTY DIRECTOR'S SIGNATURE Wm. Thomson		ADDRESS Wrayville 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.....
Signature of Student Embalmer

Signed *G. M. Atchison*

Licensed Embalmer No... *227*

P. O. Address *Chapinville*

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.