P.S. No. 300
Rev. 10.48

FILED OCT 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33028

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 213

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

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (in this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN: Mexcio
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1300 Omar Street

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3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Edward
c. (Last): Blair

4. DATE OF DEATH (Month) (Day) (Year): Oct. 24, 1956

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 26, 1903
9. AGE (In years last birthday): 53 — 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): Dry Press
10b. KIND OF BUSINESS OR INDUSTRY: Fire Brick
11. BIRTHPLACE (City and State or Foreign Country): Amarillo, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert E. Blair
13b. MOTHER'S MAIDEN NAME: Alta Chamberlain
14. NAME OF HUSBAND OR WIFE: Elsie Blair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1923-26
16. SOCIAL SECURITY NO.: 491-05-6024
17. INFORMANT'S SIGNATURE OR NAME: Russell Blair — ADDRESS: Mexico, Missouri

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)	Cor Pulmonale	3-4 mo
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pulmonary Fibrosis	3-4 yrs
DUE TO (c)	Silicosis	4-5 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Tuberculosis	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 001X
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* 10.13, 1956, *to* 10.24, 1956, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lawrence K. Epple MD
23b. ADDRESS: Mexico Mo
23c. DATE SIGNED: 10.25.56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 26, 1956
24c. NAME OF CEMETERY OR CREMATORY: Elmwood
24d. LOCATION (City, town, or county) (State): Mexico, Missouri

DATE REC'D BY LOCAL REG.: Oct 25 1956
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: Preston-Huston — ADDRESS: Mexico Mo

(Licensed Embalmer's Statement on Reverse Side)

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VS AUG 7 1959

DEC 17 1959

NOV 23 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl E Pruchs

Licensed Embalmer No. 3189

P. O. Address Mexico Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.