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ALL diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31204

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Davies	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Gallatin
c. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp.		Length of stay in lb 12 Days	d. STREET ADDRESS ---
3. NAME OF DECEASED (Type or print) First Forrest Middle Atchison Last Blair			4. DATE OF DEATH Month Sept. Day 3 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 29, 1897
9. AGE (In years last birthday) 59		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) Clerk		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	11. BIRTHPLACE (City and state or country) Pattonburg, Mo.
13a. FATHER'S NAME John Atchison Blair		13b. MOTHER'S MAIDEN NAME Martha Tunnell	14. NAME OF HUSBAND OR WIFE Minnie Blair
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 Address Mrs. Minnie Blair, Gallatin, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 24H.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinomatous primary carcinoma of pancreas -			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) 157X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hepatitis, glomerulonephritis with renal failure			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from July 1, 1957 , to Sept 3, 1957 and last saw her alive on Sept 3, 1957 . Death occurred at 2:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward Britan M.D.		22b. ADDRESS Gallatin	
		22c. DATE SIGNED 9/6/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-6-1957	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
		23d. LOCATION (City, town, or county) (State) Pattonburg, Missouri	
24. FUNERAL DIRECTOR F.O. Buchanan		ADDRESS Hope Funeral Home, Gallatin, Mo.	25. DATE RECD. BY LOCAL REG. 9-9-57
		26. REGISTRAR'S SIGNATURE Francis D Crawford	

APR 24 1958

JUL 21 1956

OCT 23 1957

DEC 3 1957

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 *L. O. Kessner*

Licensed Embalmer No. *3302*
P. O. Address *Dallatin*

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.