

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024608

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 837

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 504 S. 15th St.		Length of stay in lb 14 yrs.	d. STREET ADDRESS (If outside, give location) 504 S. 15th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) FRANK First BLAIR Middle Last			4. DATE OF DEATH Month August Day 4 Year 1958		
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 Sept. 27, 1897		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Agent		10b. KIND OF BUSINESS OR INDUSTRY Sec. Life & Acc. Ins. Co.		11. BIRTHPLACE (City and state or country) Highland, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Blair		13b. MOTHER'S MAIDEN NAME Pearl Degginger	
14. NAME OF HUSBAND OR WIFE Lelia 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. 489-36-2285	
17. INFORMANT Lelia Blair		Address 504 S. 15th St., St. Joseph, 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) Coronary Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4 201	
19. INTERVAL BETWEEN ONSET AND DEATH 1 1/2		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 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 1957 to 8-4-58 and last saw her alive on 8-4-58 Death occurred at 10:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Clement Clark Marshall</i> (Degree or title)		22b. ADDRESS St. Joseph Mo	
22c. DATE SIGNED 8-5-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/5/58	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Highland, Kansas		(State)	
24. FUNERAL DIRECTOR <i>Hester Bowman</i>		ADDRESS St. Joseph Mo		25. DATE RECD. BY LOCAL REG. Aug 6, 1958	
26. REGISTRAR'S SIGNATURE <i>Wm Clark Modell</i>		(Licensed Embalmer's Stamp on Reverse Side)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

Dr. E. E. Dumont
Schweider Bldg -
Today 85

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 *John V. Hennrich*
Licensed Embalmer No. *4848*
P. O. Address *K. G. ...*

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.