THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006415

STATE FILE NUMBER

FILED FEB 26 1959 Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 7-59

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Tuscumbia — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Humphreys Hospital — Length of stay in 1b 8 da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri — COUNTY Miller
c. CITY OR TOWN Brumley 0660 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Ralph — Middle Stuart — Last Blize

4. DATE OF DEATH Month Feb Day 12, Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH July 17, 1899

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) Construction

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Miller Co. Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Blize

13b. MOTHER'S MAIDEN NAME Emma Hendricks

14. NAME OF HUSBAND OR WIFE Nell Martin Blize

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Nell Blize — Address Brumley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Anoxemia	9 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Collapse and fibrosis lung	10 da.
DUE TO (c)	Old Tuberculosis and Chronic Bronchiectasis	yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 002.X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 2/4/59, to 2/12/59 and last saw ~~her~~ him alive on 2/12/59
Death occurred at 7:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. E. Humphreys D.O.

22b. ADDRESS Tuscumbia, Mo

22c. DATE SIGNED 2/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2/15/59

23c. NAME OF CEMETERY OR CREMATORY Gott

23d. LOCATION (City, town, or county) (State) Ulman, Mo

24. FUNERAL DIRECTOR Hedges Funeral Homes Inc — ADDRESS Iberia, Mo

25. DATE RECD. BY LOCAL REG. 2-17-59

26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Miller County
Health Department

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Texas, Mo.

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.