MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015792
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 130

FILED APR 29 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0425		
2	00801		
3			
4	0		
5	1		
6			
7	0		
8	1		
9	420.1		
10			
11			
12	2-2		
13	1-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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

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

3. NAME OF DECEASED (Type or print): First GEORGE Middle ROBERT Last BLAIN

4. DATE OF DEATH: Month April Day 25 Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: July 1, 1922
9. AGE (last birthday): 40 — IF UNDER 1 YEAR: Months 9 Days 24 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Richmond, Mo
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: George R Blain Sr
13b. MOTHER'S MAIDEN NAME: Frances Lucinda Renfo
14. NAME OF HUSBAND OR WIFE: Jessie Jaunita Blain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Jessie Jaunita Blain Edwards, Mo — Address:

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)	Cardiac Arrest	Sec.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute Myocardial Insufficiency	Sec.
DUE TO (c)	Acute Coronary Occlusion	2 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
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 4-25-63 to 4-25-63 and last saw her/him alive on 4-25-63
Death occurred at 11:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clinton L. Glazy (Degree or title) DO
22b. ADDRESS: Clinton, Mo
22c. DATE SIGNED: 4/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr 28 1963
23c. NAME OF CEMETERY OR CREMATORY: Bates City Cemetery
23d. LOCATION (City, town, or county) (State): Bates City Lafayette Co Mo

24. FUNERAL DIRECTOR: John F Reser — ADDRESS: Warsaw, Mo
25. DATE RECD. BY LOCAL REG.: 4-26-1963
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1963

JUL 25 1963

Permit Obtained 4-26-63 (M.D.)

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 F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.