

FILED SEP 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27121

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 265

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

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Blue Township | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orrick | |
| c. LENGTH OF STAY (In this place) 0 | | d. STREET ADDRESS (If rural, give location) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 24 Highway and Arlington | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Edward c. (Last) Blain | | | 4. DATE OF DEATH (Month) (Day) (Year) August 21 1949 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH January 16, 1925 |
| 9. AGE (In years last birthday) 24 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Self Employed | 11. BIRTHPLACE (State or foreign country) Orrick, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME George Blain | | 13b. MOTHER'S MAIDEN NAME Reyron Bailey | 14. NAME OF HUSBAND OR WIFE Single |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. George Blain Orrick, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture ANTECEDENT CAUSES Auto Trauma DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION Deputy Coroner | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Blue Ray Missouri | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 21 49 a. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Car Hit Bridge | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE A. E. Upsher, M.D. | | 23b. ADDRESS 2800 Main | 23c. DATE SIGNED 8/20/49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE Aug. 22, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Orrick Cem. | 24d. LOCATION (City, town, or county) (State) Orrick, Mo. |
| DATE REC'D BY LOCAL REG. Aug. 22, 1949 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson | ADDRESS Funeral Home, Indep. Mo. |

SEP 1 RECD

SEP 6 1969

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
Student Embalmer

Signed *John M. Neuman*

Licensed Embalmer No. *4704*

P. O. Address *Independence, 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 this body is not embalmed, fact should be so stated above.