

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2414**

FILED JAN 29 1957

BIRTH NO. _____		REG. DIST. NO. <u>295</u>		PRIMARY REG. DIST. NO. <u>6022</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Richmond</u>		c. LENGTH OF STAY (in this place) <u>25 years</u>		c. CITY OR TOWN <u>Richmond</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles south of Richmond</u>				e. STREET ADDRESS (If rural, give location) <u>2 miles south of Richmond</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ross</u>		b. (Middle) <u>(N)</u>		c. (Last) <u>BLAIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 20, 1957</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>February 27, 1869</u>	
9. AGE (to years last birthday) <u>88</u>		10. MONTHS <u>10</u>		11. DAYS <u>23</u>		9. AGE (to years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County Missouri</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Abelias Blain</u>		13b. MOTHER'S MARDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie (Wolfe) Blain</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Blain, Richmond Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>(Thrombosis)</u> 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. _____				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Jan 20, 1957</u> to <u>Jan 20, 1957</u> , that I last saw the deceased alive on <u>Jan 20, 1957</u> and that death occurred at <u>8:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. G. Gray M.D.</u> (Degree or title)				23b. ADDRESS <u>Richmond</u>		23c. DATE SIGNED <u>1-22-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>January 22, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 26-1957</u>		REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>QUEST-LIFE FUNERAL HOME RICHMOND, MISSOURI per. Her Doble</u>			

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

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.....
Licensed Embalmer No... 406

P. O. Address.....

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.