

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9678

93

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 10

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

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs	
c. LENGTH OF STAY (In this place) 2 mos.		d. STREET ADDRESS (If rural, give location) 308 So Kirkpatrick	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) SARAH	b. (Middle) FRANCES	c. (Last) BLAND	Mar. 30 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 14, 1870	9. AGE (In years last birthday) 79	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - -	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John King Wester	13b. MOTHER'S MAIDEN NAME Lavina Taylor	14. NAME OF HUSBAND OR WIFE James Bland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. - -	17. INFORMANT'S SIGNATURE OR NAME John Bland, Eldorado Spgs, Mo	ADDRESS 4th
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Cancer of liver		
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 1551	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-4**, 19**49** to **Mar 30, 1949**, that I last saw the deceased alive on **Mar 26, 1949**, and that death occurred at **5:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE R. L. Hansen MD	23b. ADDRESS Appleton City, Mo	23c. DATE SIGNED 4-1-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 30, 1949	24c. NAME OF CEMETERY OR CREMATORY Love Mound Cemetery	24d. LOCATION (City, town, or county) (State) Cedar County, Missouri
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DATE REC'D BY LOCAL REG April 1, 49	REGISTRAR'S SIGNATURE Mrs. Cleo Abney	25. FUNERAL DIRECTOR'S SIGNATURE Shirley Carothers, Eldorado Spgs, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 77

District File Number 3-49-331

Date Filed 4-5-49

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 James E. Backman

Licensed Embalmer No. 42-73

P. O. Address El Dorado Springs

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.