

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11684

State File No.

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

14
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2

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>146</u>	
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		c. LENGTH OF STAY (In this place) <u>1 MEN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		14	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CALLAWAY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>202 W. 7th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH</u>			b. (Middle) <u>LILLIAN</u>		c. (Last) <u>BLATTNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR 30 1949</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR 7, 1894</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u>		IF UNDER 12 HRS. Hours <u>23</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Wellsville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lewis Sharley</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Blattner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>DK.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Blattner, Fulton, Mo.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Co. Breast</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>2 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>					
19a. DATE OF OPERATION <u>May, 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Co. Breast - e Co. nodes Bulla</u>				20. AUTOPSY? 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>May, 1948</u> , to <u>Death</u> , that I last saw the deceased alive on <u>Mar 30</u> , 19 <u>49</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Brown M.D.</u>				23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>5-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May-3-1949</u>		REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Henry Maurin, Fulton, Mo.</u>			

RECEIVED
District Health Officer No. 9,
District File Number
MAY 11 1949
Date Filed

MS JUN 23 1959

YS MAR 27 1959

OCT 13 1959

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.

Signed.....
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.