

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31027

State File No.

FILED SEP 26 1949

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 58

62

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

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>508 SALINE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Main St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u>	b. (Middle) <u>MONROE</u>	c. (Last) <u>BLOUNT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14, 1949</u>
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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>Nov. 24, 1906</u>	9. AGE (In years last birthday) <u>42</u> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assistant Hotel Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>	11. BIRTHPLACE (State or foreign country) <u>BERRYMAN Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>GILBERT BLOUNT</u>	13b. MOTHER'S MAIDEN NAME <u>CORA IDA BEERS</u>	14. NAME OF HUSBAND OR WIFE <u>EULA S. BLOUNT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES World War II</u>	16. SOCIAL SECURITY NO. <u>493-07-4762</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EULA S. BLOUNT, Fredericktown, Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DECEASED CAME TO HIS DEATH BY REASON OF GUN SHOT WOUND, SELF-INFLICTED</u>		MEDICAL CERTIFICATION <u>CORONERS JURY verdict: DECEASED CAME TO HIS DEATH BY REASON OF GUN SHOT WOUND, SELF-INFLICTED</u>	INTERVAL BETWEEN ONSET AND DEATH <u>—</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
DUE TO (b) <u>GUN SHOT WOUND</u>		DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>NONE</u>		

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>FREDERICKTOWN MADISON Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 14, 1949</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gun Shot Wound</u>
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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 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Sam Dajin, Jr. Coroner, Madison Co. Mo.</u>	(Degree or title)	23b. ADDRESS <u>Fredericktown, Missouri</u>	23c. DATE SIGNED <u>9-16-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steelville, Mo. Cem. Steelville, Missouri</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>9-16-1949</u>	REGISTRAR'S SIGNATURE <u>Flornice Pickens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Dajin, Jr.</u>	ADDRESS <u>Fredericktown, Mo.</u>
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RECEIVED 9-22-49

Health Officer No. 4

File Number 949-1243

Date Filed

OCT 1949

SEP 1949

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 Sam Najim, Jr.

Signed _____ Student Embalmer

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md.

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.