

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41822**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 240 **PRIMARY REG. DIST. NO.** 5826 **Registrar's No.** 44

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>New Madrid</u>	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural La Font</u>	a. STATE <u>Mo</u>	b. COUNTY <u>New Madrid</u>
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural La Font Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
a. (First) <u>Myrtle</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Blanchard</u>	<u>Dec 16 1949</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Apr. 3, 1881</u>
<b>9. AGE</b> (In years last birthday) <u>68</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Polk Co Illinois</u>
<b>10a. USUAL OCCUPATION</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>housewife</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>
<b>13a. FATHER'S NAME</b> <u>William Allen</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Shelby</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>J.L. Blanchard - Sr.</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <input checked="" type="checkbox"/>		<b>16. SOCIAL SECURITY NO.</b> <input checked="" type="checkbox"/>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>J.L. Blanchard - Portageville, Mo</u>
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortic regurgitation &amp; Coronary arteriosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u>	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>10 years</u> <u>4 1/2</u>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. CITY, TOWN, OR TOWNSHIP</b> (COUNTY) (STATE) <u>Portageville New Madrid Mo.</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Sept 19 49</u> , <b>to</b> <u>16 Dec 1949</u> , <b>that I last saw the deceased alive on</b> <u>2 Dec 19 49</u> , <b>and that death occurred at</b> <u>8:30 P. m.</u> , <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>L. B. Painter</u> (Degree or title) <u>J.M.D.</u>		<b>23b. ADDRESS</b> <u>Portageville Mo</u>	<b>23c. DATE SIGNED</b> <u>22 Dec 49</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Dec 18, 1949</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Portageville Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Portageville Mo</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>Dec 24 1949</u>	<b>REGISTRAR'S SIGNATURE</b> <u>H. L. Ponder</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Deputy of De Lich Funeral Home</u> <b>ADDRESS</b> <u>Portageville, Mo</u>	

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

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RECEIVED JAN 9 19

District Health Office No.

District File Number 150-1

Date Filed

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. 359

working under my personal supervision.

Student Herbert J. Gans, Jr.  
Student Embalmer

Signed Joseph A. DeLoach  
Licensed Embalmer No. 4481

P. O. Address Parkville 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.