

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5099 State File No. **12257**  
REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4099** Registrar's No. **52**

0190

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

BIRTH NO. _____		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>4099</b>		Registrar's No. <b>52</b>	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>Pleasant Hill</b> )		c. LENGTH OF STAY (in this place) <b>5 Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pleasant Hill, Mo.</b> <b>0190</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>314 N. Boardman</b>				d. STREET ADDRESS (If rural, give location) <b>314 N. Boardman</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b>		b. (Middle) <b>Lou</b>		c. (Last) <b>Blain</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-10-50</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>1-12-1872</b>	
9. AGE (In years last birthday) <b>78</b>		# UNDER 1 YEAR (Months) (Days)		# UNDER 2 HRS. (Hours) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Camplesville, Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George W. Dugon</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Phillips</b>		14. NAME OF HUSBAND OR WIFE <b>William Blain</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Fred Owney Pleasant Hill Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>severe arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cholelithiasis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>49 1/2</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 <b>3/11</b> , 19 <b>50</b> , to <b>4/10</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>4/10/50</b> , 19 <b>50</b> , and that death occurred at <b>1:30 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Gerald Zander</b> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>Pleasant Hill, Mo</b>		23c. DATE SIGNED <b>4/10/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>4-11-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>South Point</b>		24d. LOCATION (City, town, or county) (State) <b>Orrick, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>April 11-1950</b>		REGISTRAR'S SIGNATURE <b>Laura J. Jones</b> <b>51</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Bunsaul</b>		ADDRESS <b>Pleasant Hill Mo</b>	

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.....

*By me*

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Allen B. ...*

Licensed Embalmer No. *3785*

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 this body is not embalmed, fact should be so stated above.