

FILED AUG 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22782BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 876

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (In this place) 7 yrs		d. STREET ADDRESS (If rural, give location) 1319 Pacific	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1319 Pacific			
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) A. c. (Last) Blunt			4. DATE OF DEATH (Month) (Day) (Year) July 28, 1950
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 10, 1868
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping clerk	11. BIRTHPLACE (State or foreign country) Stark County, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping clerk		12. CITIZEN OF WHAT COUNTRY? USA	
10b. KIND OF BUSINESS OR INDUSTRY Furniture store			
13a. FATHER'S NAME Avery A. Blunt		13b. MOTHER'S MAIDEN NAME Amelia M. Dieter	
13c. FATHER'S NAME Avery A. Blunt		14. NAME OF HUSBAND OR WIFE Amelia Mae Blunt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME L. D. Blunt, 2522 N. 5th, St. Joseph, Mo.		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 15 min. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200	
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) (Min.)		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 27 Sept, 1948, to 25 July, 1950 , that I last saw the deceased alive on 25 July, 1950 , and that death occurred at 8: A. m. , from the causes and on the date stated above.			
23a. SIGNATURE William P. McDonald		23b. ADDRESS 301 N. 8th St.	
23c. DATE SIGNED 28 July 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/31/50	
24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Aug 5, 1950		REGISTRAR'S SIGNATURE H. C. Jenkins	
FUNDAL DIRECTOR'S SIGNATURE Hester-Burman Funeral Home		ADDRESS St. Joseph, Mo.	

W. William Spelling

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *William Spelling*

Signed.....
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 3195 11th St, Joseph

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.