S. No. 300
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FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23015

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4097 Registrar's No. 116

0190

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

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville, Mo.
c. LENGTH OF STAY (In this place): 6 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City - Rural 0190
d. STREET ADDRESS (If rural, give location): 5 Mile South Dayton Twp.

3. NAME OF DECEASED (Type or Print)
a. (First): Dollie
b. (Middle): Frances
c. (Last): Blanton

4. DATE OF DEATH (Month) (Day) (Year): July 31 - 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: March 1 - 1890
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: ~~[illegible]~~
11. BIRTHPLACE (State or foreign country): Creighton, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Smith
13b. MOTHER'S MAIDEN NAME: Margaret Wells
14. NAME OF HUSBAND OR WIFE: Tom Blanton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Nola Blanton - Garden City, Missouri — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fulminating bronchial pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. hyperthyroidism

INTERVAL BETWEEN ONSET AND DEATH: 4 Q 1X

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Oct, 1949, *to* July 31, 1950, *that I last saw the deceased alive on* 31 July, 1950, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward S. Jones, M.D.
23b. ADDRESS: Harrisonville, Mo
23c. DATE SIGNED: 2 Aug 50

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24b. DATE: 8-2-1950
24c. NAME OF CEMETERY OR CREMATORY: Dayton Cemetery
24d. LOCATION (City, town, or county) (State): Dayton, Missouri

DATE REC'D BY LOCAL REG.: Aug 2, 1950
REGISTRAR'S SIGNATURE: Laura J. Jones, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Atkinson Bros Funeral Home, Garden City, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 5 1950
CASS COUNTY
HEALTH DEPARTMENT

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.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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.