

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 27829

| | | | | | | | |
|--|--|--|---|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>290</u> | | PRIMARY REG. DIST. NO. <u>4427</u> | | Registrar's No. <u>95</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pulaski</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Laguer Mo</u> | | d. STREET ADDRESS (If rural, give location) <u>0850</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long Nursing Home</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John D</u> b. (Middle) <u>Blanchard</u> c. (Last) <u>Blanchard</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 9-1950</u> | | | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | | 8. DATE OF BIRTH <u>Oct 26-1875</u> | |
| 9. AGE (In years, if under 1 year last birthday, Months, Days, Hours, Min.) <u>74</u> | | 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Adison G. Blanchard</u> | | 13b. MOTHER'S MAIDEN NAME <u>Calizabeth William</u> | | 14. NAME OF HUSBAND OR WIFE <u>Single</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If same as war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>NONE.</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>592X</u> | | | |
| 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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulonephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>6 months</u> |
| 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 <u>8-6</u> , 19 <u>50</u> , to <u>8-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-9</u> , 19 <u>50</u> , and that death occurred at <u>9:45</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Type or Print) <u>Lucius J. Deason</u> | | | | 23b. ADDRESS <u>Waynesville Mo</u> | | 23c. DATE SIGNED <u>8-21-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>8/10/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Laguer Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>8-22-50</u> | | REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u> | | 389 25. (FUNERAL DIRECTOR'S SIGNATURE) <u>B. Deeper</u> | | ADDRESS <u>Richland</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-1-48

0850

RECEIVED 8/22/50
Pulaski County Health Officer
File Number _____
Date Filed 8/22/50

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 _____

Licensed Embalmer No. 3198

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.