

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37501**

FILED DEC 14 1950

BIRTH NO. _____		REG. DIST. NO. <b>160</b>		PRIMARY REG. DIST. NO. <b>3029</b>		Registrar's No. <b>95</b>			
1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Crystal City, Mo</b>		c. LENGTH OF STAY (In this place) <b>67 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>CRYSTAL CITY, MO</b>		0501			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>119 LINCOLN STREET.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary Luella</b> b. (Middle) <b>Bland</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 8, 1950</b>						
5. SEX <b>3</b> <b>Female</b>		6. COLOR OR RACE <b>Cobored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>March 3, 1883</b>			
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>5</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Hematite, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Chas. Hegginotham</b>			13b. MOTHER'S MAIDEN NAME <b>FANNIE LANNING</b>			14. NAME OF HUSBAND OR WIFE <b>Walter A. Bland</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Walter A. Bland Crystal City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  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  <b>48 Hrs</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) (m.)		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>Nov. 17, 1949</b> , to <b>June 3, 1950</b> , that I last saw the deceased alive on <b>June 3, 1950</b> , and that death occurred at <b>6:10 A. M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Bertalan Belgovics, M.D.</b>				23b. ADDRESS <b>Jefferson, Mo.</b>		23c. DATE SIGNED <b>12/9/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 12, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Int. Zion Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Crystal City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>12/9/50</b>		REGISTRAR'S SIGNATURE <b>Clara L. Depo</b>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Country C. Pulte</b>					

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

0501

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 12-13-50

MS JUN 2 8 1951

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 E. E. Thompson

Licensed Embalmer No. 2403

P. O. Address Festus M.

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.