

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37666**

580

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4297 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY OR TOWN Purdin Rural	c. LENGTH OF STAY (In this place) Rural	c. CITY (If outside corporate limits, write RURAL and give township) Purdin Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

0510

3. NAME OF DECEASED (Type or Print)	a. (First) Oscar	b. (Middle) L	c. (Last) Blender	4. DATE OF DEATH (Month) NOV (Day) 4 (Year) 1950
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 18, 1888	9. AGE (In years, Months, Days) 62
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Lee Blender	13b. MOTHER'S MAIDEN NAME Eliza Jane Reasmor	14. NAME OF HUSBAND OR WIFE Jewell Blender
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Jewell Blender ADDRESS Purdin Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Chronic Myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4/20/50

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 1948, to Nov 4, 1950, that I last saw the deceased alive on Sept 2, 1950, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE J.R. Martin (Degree or title) M.D.	23b. ADDRESS Browning Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Nov. 7, 1950	24c. NAME OF CEMETERY OR CREMATORY Purdin Cem	24d. LOCATION (City, town, or county) (State) Purdin Mo.
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DATE REC'D BY LOCAL REG. Nov. 11, 1950	REGISTRAR'S SIGNATURE Elva C. ...	25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home ADDRESS Browning
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 28 1950

Date Received: NOV 15 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1931
Date Filed: NOV 15 1950

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.