

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1951

State File No. 40321

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4193</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>		0371	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Edward Wilson Blanton</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>Wilson</u>		c. (Last) <u>Blanton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9, 1950</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Apr. 17, 1881</u>	
9. AGE (in years last birthday) <u>69</u>		10. MONTHS <u>7</u> DAYS <u>22</u>		11. BIRTHPLACE (State or foreign country) <u>Cartersville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Cartersville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wilson N. Blanton</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cass</u>		14. NAME OF HUSBAND OR WIFE <u>Vesta Alice Blanton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-18-4298</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vesta Alice Blanton Hermann, Mo.</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>Carcinoma of Lung - Rt. Lower</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Terminal pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 Mon.</u> <u>163X</u> <u>20 years</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) (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 <u>Dec.</u> , 19 <u>50</u> , to <u>Dec. 9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 9</u> , 19 <u>50</u> , and that death occurred at <u>3:10 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John B. Ryan</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Hermann Mo.</u>		23c. DATE SIGNED <u>12/11/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Loutre Island Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Case, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/11/50</u>		REGISTRAR'S SIGNATURE <u>W. M. Lindwallers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. K. Rudiger</u>		ADDRESS <u>Hermann Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 4 1951

RECEIVED

JAN 11 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No. 2044

P. O. Address Hermann, Mo.

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.