

FILED FEB 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6 3532

BIRTH NO. 82448-50 REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 6179 Registrar's No.

050

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

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Jackson Tm p/		c. CITY (If outside corporate limits, write RURAL and give township) Rural Jackson Tmp 1050	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Pollock, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pollock Mo.			

3. NAME OF DECEASED (Type or Print) David Allen Bland			4. DATE OF DEATH Jan. 30, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 4, 1950		9. AGE (In years last birthday) 1 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unionville, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Herbert Lee Bland		13b. MOTHER'S MAIDEN NAME Earlene Whicker		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 0		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mre. Herbert Bland Pollock, Mo.	

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) asphyxiation dise to cause over face Baby found dead in bed II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had acute carcinoma			INTERVAL BETWEEN ONSET AND DEATH 3 9248 4 days
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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Galbriantown Sullivan Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 30 1950 6:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? In crib	

22. I hereby certify that I attended the deceased from Jan 4 1950, to Jan 30, 1951, that I last saw the deceased alive on Jan 30, 1951, and that death occurred at 6 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) Chas. L. Judd D.O.		23b. ADDRESS Unionville Mo		23c. DATE SIGNED 1-30-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 31, 51		24c. NAME OF CEMETERY OR CREMATORY Lupton Ce,	
				24d. LOCATION (City, town, or county) (State) Putnam Co. Mo.	

DATE REC'D BY LOCAL REG. Feb. 9-1951		REGISTRAR'S SIGNATURE Mrs. H. B. Harris 320		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Al. Huston Unionville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

Date Received: FEB 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-340
Date Filed: FEB 9 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.....

Muel E. Disteo

Signed.....
Student Embalmer

Licensed Embalmer No.....

3304

P. O. Address.....

Unionville Me

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.