

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26114**  
**76**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5092 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Bates</u> <u>0070</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lone Oak Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u> <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elta</u> b. (Middle) <u>Cefrona</u> c. (Last) <u>Blunt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug.</u> <u>19</u> <u>1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Aug. 11 1870</u>		9. AGE (In years last birthday) <u>81</u> Months <u>0</u> Days <u>8</u>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			11. BIRTHPLACE (State or foreign country) <u>Columbus Ohio</u>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Alfred James Davidson</u>		13b. MOTHER'S MAIDEN NAME <u>Miranda Jenkins</u>		14. NAME OF HUSBAND OR WIFE <u>William Fidellas Blunt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Blunt, Butler Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronch pneumonia</u>		DUE TO (b) <u>Paralysis due to</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Cerebral embolus &amp; ascending urinary infection</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis of bladder</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) <u>332 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 May 1, 1951, to Aug 19, 1951, that I last saw the deceased alive on Aug 18, 1951, and that death occurred at 9:4 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. L. Hansen M.D.</u>		23b. ADDRESS <u>Butler Mo</u>		23c. DATE SIGNED <u>8-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Adrian Mo</u>	

DATE RECD BY LOCAL REG. <u>Aug 22 1951</u>		REGISTRAR'S SIGNATURE <u>Hendall Korman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Loreath &amp; Son, Adrian Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

8-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 8-30-51

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.....

Student Embalmer

Signed..... *Adrian Mc*

Licensed Embalmer No. 2650

P. O. Address Adrian Mc

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.