S. No. 300
10.48

FILED NOV 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36766

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 144

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

1. PLACE OF DEATH
a. COUNTY: COOPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOONVILLE
c. LENGTH OF STAY (in this place): 15 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VAN BUREN TOWNSHIP 04
d. STREET ADDRESS (If rural, give location): TARSNEY

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): WALTER VAN NOTE BLOOD

4. DATE OF DEATH (Month) (Day) (Year): NOV-10-51

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: 11-4-1918
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONSTRUCTION
10b. KIND OF BUSINESS OR INDUSTRY: PAINTING
11. BIRTHPLACE (State or foreign country): PHIDELPHIA - PENN. 1
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: RAYMOND BLOOD
13b. MOTHER'S MAIDEN NAME: EDITH KAUFMAN
14. NAME OF HUSBAND OR WIFE: GRACE BLOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR 11
16. SOCIAL SECURITY NO.: 23309152
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: GRACE BLOOD - OAK GROVE - 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture Skull

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Violence due to Auto wreck
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Fractured pelvis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: E 814 21
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy 40
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackwater Twp Cooper Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 10 51 9:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto wreck

22. *I hereby certify that I attended the deceased from* 11:00 P.M. *19__, to _____, 19__, that I last saw the deceased alive on _____, 19__ and that death occurred at _____ a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M L Dickerson M D
23b. ADDRESS: Carrier Boonville Mo
23c. DATE SIGNED: 11/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: 11/13/51
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): KANSAS CITY - MO.

DATE REC'D BY LOCAL REG.: 11-17-51
REGISTRAR'S SIGNATURE: D E Hooper 381
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: STEGNER FUNERAL HOME - BOONVILLE MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 27 1951
DISTRICT HEALTH OFFICE No. 3
District File Number .....
Date Filed NOV 4 1951

DEC 1 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 James A. Higgins

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.