

FILED JAN 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 469

469

BIRTH NO. _____		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 5129		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY <u>Camden Oregon Township</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY OR TOWN <u>Cape Beach Rural</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Beach Rural</u>		0150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - Star Route - Cape T</u>				d. STREET ADDRESS (If rural, give location) <u>Star Route - Cape T</u>			
3. NAME OF DECEASED a. (First) <u>Roxie</u> b. (Middle) <u>Lucille</u> c. (Last) <u>Blunt</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>whx</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 16-1885</u>	
9. AGE (in years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Lima Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Walz</u>				13b. MOTHER'S MAIDEN NAME <u>(?)</u>		14. NAME OF HUSBAND OR WIFE <u>John Charles Blunt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Charles Blunt, Cape Beach, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute circulatory failure</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute rheumatoid fever</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____				MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH <u>72 hours</u>  <u>1 1/2 years</u>  19b. MAJOR FINDINGS OF OPERATION _____			
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) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>6-26-1950</u> to <u>1-5-1952</u> , that I last saw the deceased alive on <u>1-4-1952</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>2 A. Dale Utterberg MD</u> (Degree or title) _____				23b. ADDRESS <u>Camdenton, Mo</u>		23c. DATE SIGNED <u>Jan 14-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Jan 8-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Conway</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 14-1952</u>		REGISTRAR'S SIGNATURE <u>Zilpha Inaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen-Woolery</u> ADDRESS <u>Camdenton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 21 1952

DISTRICT HEALTH OFFICE No. 3

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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

*John Banksen Woolery*

Licensed Embalmer No. *2488*

P. O. Address *Camden, 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.