

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

# STANDARD CERTIFICATE OF DEATH

5696

State File No. ....

FILED FEB 29 1952

REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Anderson</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Anderson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bush Hospital Anderson Mo</b>		d. STREET ADDRESS (If rural, give location) <b>Rt 1.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Calvin</b> b. (Middle) <b>Eugene</b> c. (Last) <b>Blount</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 16th 1952</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Feb 14th, 1952</b>	9. AGE (In years last birthday) <b>20</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b>20</b> Min. <b>24</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>infant</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Lloyd Louis Blount</b>		13b. MOTHER'S MAIDEN NAME <b>Ina Mae Whitehill</b>		14. NAME OF HUSBAND OR WIFE <b>Infant</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Infant Child</b>		16. SOCIAL SECURITY NO. <b>Infant Child</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ina Mae Blount, Anderson Mo RR # 1</b>		ADDRESS	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anoxemia</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>congenital atelectasis</b>				20hrs	
		DUE TO (c) <b>premature birth</b>				24 min.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7625</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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 <b>no injury</b>	
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22. I hereby certify that I attended the deceased from **2-14-52**, 19**52**, to **2-14-52**, 19**52**, that I last saw the deceased alive on **2-14-52**, 19**52**, and that death occurred at **11:15 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>A. Bush</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Anderson, Missouri</b>		23c. DATE SIGNED <b>2-18-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-15-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CUMMINGS CHAPEL</b>		24d. LOCATION (City, town, or county) (State) <b>Jeff City, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>2-18-52</b>		REGISTRAR'S SIGNATURE <b>Mayes Humphrey</b>		423-0		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Humphrey</b>		ADDRESS <b>Lawrence, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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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.....

*Not Embalmed.*  
Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.