S. No. 300
v. 10.48

FILED JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19875

BIRTH NO. _____ REG. DIST. NO. 24 PRIMARY REG. DIST. NO. ~~4126~~ 5295 Registrar's No. 29

0250
4

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

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Concort twnp. Rural
c. LENGTH OF STAY (in this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewis Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Clinton 0250
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plattsburg 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Walton
c. (Last): Bland

4. DATE OF DEATH (Month) (Day) (Year): June 7 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Oct. 3 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 8, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas B. Bland
13b. MOTHER'S MAIDEN NAME: Minerva Warren
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): x x
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Margie Bland — ADDRESS: Lathrop, 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 4 Mo
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:
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☒

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1952, *to* May 7, 1952, *that I last saw the deceased alive on* May 6, 1952, *and that death occurred at* 12:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W B Spalding MD
23b. ADDRESS: Plattsburg Mo
23c. DATE SIGNED: May 8 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 9 1952
24c. NAME OF CEMETERY OR CREMATORY: Stony Point
24d. LOCATION (City, town, or county): Clinton Co. (State): Mo.

DATE REC'D BY LOCAL REG.: June 10, 1952
REGISTRAR'S SIGNATURE: Elizabeth Scearce 441-0
25. FUNERAL DIRECTOR'S SIGNATURE: D. D. Lyon — ADDRESS: Plattsburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Darell W. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.