

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23365

State File No. \_\_\_\_\_

JUN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 952 PRIMARY REG. DIST. NO. 4517 Registrar's No. 47

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

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson 10/1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Comm. Hosp</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Fredrick</u> c. (Last) <u>Bland</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 14-52</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>	8. DATE OF BIRTH <u>Nov 27 1886</u>	9. AGE (In years last birthday) <u>65</u>	10. MONTHS <u>11</u>	11. DAYS <u>11</u>	12. HOURS <u>11</u>	13. MINS. <u>11</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Refered to as Clerk U.S. Mail Service</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Warren County Iowa</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warren County Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Helmas Bland</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Vernon</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie L. Bland</u>
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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. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jennie L. Bland</u>	ADDRESS <u>Branson Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of thyroid - metastatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 1951, to 6-14-1952, that I last saw the deceased alive on 6-15-1952, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.C. Wagner M.D.</u>	23b. ADDRESS <u>Branson, Mo</u>	23c. DATE SIGNED <u>6-15-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's</u>	24d. LOCATION (City, town, or county) (State) <u>Branson Iowa</u>
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DATE REC'D BY LOCAL REG. <u>June 17-1952</u>	REGISTRAR'S SIGNATURE <u>S.E. Cogswell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Whelchel</u>	ADDRESS <u>Branson</u>
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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 Minnie J. Whelchel

Licensed Embalmer No. 2277

P. O. Address Branson 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.