

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37453

State File No. _____

FILED OCT 24 1952

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6245 Registrar's No. 62

1100

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

1. PLACE OF DEATH a. COUNTY <u>Washington County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Washington County</u> COUNTY <u>MO</u>		
b. CITY OR TOWN <u>Berryman, Mo.</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Berryman, MO.</u>		1100
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Walton Trp.</u>			d. STREET ADDRESS (If rural, give location) <u>Walton Trp.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Robert</u>	c. (Last) <u>Blount</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 18-1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Y</u>	8. DATE OF BIRTH <u>July 16-1870</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Berryman Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Blount</u>		13b. MOTHER'S M maiden NAME <u>Ellice Mathey</u>		14. NAME OF HUSBAND OR WIFE <u>Blount</u>	
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 ADDRESS <u>Mrs. Willie Brown, Berryman 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>the home Valvular Disease of heart</u> ANTECEDENT CAUSES <u>10 yrs</u> 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.				(INTERVAL BETWEEN ONSET AND DEATH) <u>10 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4214</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased <u>from 1938</u> , to <u>Oct 10, 1952</u> , that I last saw the deceased alive on <u>Sept 1, 1952</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. C. Dancer M.D.</u>		23b. ADDRESS <u>Starkville Mo</u>		23c. DATE SIGNED <u>10-18-52</u>	
24a. BURIAL TOMB OR TUNNEL (Specify)	24b. DATE <u>Oct 21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Courtesy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Berryman Mo</u>		
DATE REC'D BY LOCAL REG. <u>10/21/52</u>	REGISTRAR'S SIGNATURE <u>Robert Blount</u> 40310		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Funeral Home Starkville Mo</u>		

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 _____

Harry M Jones Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Harry M Jones
Licensed Embalmer No. 2628

P. O. Address Steeple Md

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.