No. 300
10.48

FILED NOV 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39476

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5760 Registrar's No. 52

640

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Fabius
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural- Taylor, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Fabius Township 0646
d. STREET ADDRESS (If rural, give location): RFD Taylor, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Joyce b. (Middle) Lynn c. (Last) Blentlinger

4. DATE OF DEATH (Month) (Day) (Year): 11-20-52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 7-28-47
9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months 4, Days 22 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Quincy, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Russell Blentlinger
13b. MOTHER'S MAIDEN NAME: Virginia Neumann
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Russell Blentlinger, Taylor, Mo. ADDRESS

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) Suffocation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Body found in charred
DUE TO (c) remains of barn

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

E9161
16

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 064
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Fabius Township Marion Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-20-52 10:00 A.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Burning Barn

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 10 AM m., from the causes and on the date stated above.

23a. SIGNATURE: W. Crawford Smith (Degree or title): Coroner
23b. ADDRESS: Hannibal, Mo.
23c. DATE SIGNED: 11-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/23/52
24c. NAME OF CEMETERY OR CREMATORY: GREENMOUNT
24d. LOCATION (City, town, or county) (State): Quincy Ill

DATE REC'D BY LOCAL REG.: 11/21/52
REGISTRAR'S SIGNATURE: E. M. Lucke By Viola Geer, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] ADDRESS: Quincy Ill

184-0

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 24 1952
MARION CO. HEALTH DEPT.
DATE FILED NOV 24 1952

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.

Not Embalmed

Student ..... Signed .....
Student Embalmer

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.