

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41483**

No. 300
10-48

FILED DEC 17 1952

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 4034 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR Hume		c. CITY (If outside corporate limits, write RURAL and give township) OR Hume	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION -		d. STREET ADDRESS (If rural, give location) -	
3. NAME OF DECEASED a. (First) Ira b. (Middle) John c. (Last) Blangy			4. DATE OF DEATH (Month) (Day) (Year) December 10 1952
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 5 1880
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) Hume Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Blangy	
13b. MOTHER'S MAIDEN NAME Emma Swickhamer		14. NAME OF HUSBAND OR WIFE Jennie Blangy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If rec. give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS X Flora Hamilton Hume Missouri	
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) Congestive Heart Failure ANTECEDENT CAUSES DUE TO (b) Mycocarditis DUE TO (c) Encephalodialis 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 332X	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE SIGNED Dec 10 1952	
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 from Jan 1950 , to Dec 10 1952 that I last saw the deceased alive on Dec 9 1952 and that death occurred at 6:45A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm H Martin M.D.		23b. ADDRESS Hume Mo	
23c. DATE SIGNED Dec 10 1952		23d. ADDRESS Hume Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 12 1952	24c. NAME OF CEMETERY OR CREMATORY Independence	24d. LOCATION (City, town, or county) (State) Hume Bates Missouri
DATE REC'D BY LOCAL REG Dec 11-1952	REGISTRAR'S SIGNATURE Wm H Martin	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Torneden Funeral Home Pleasanton Kansas	

(Licensed Embalmers' Statement on Reverse Side)

DEC 19 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, Earl W. Horneden

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Earl W. Horneden

Licensed Embalmer No. 3587

P. O. Address Pleasanton Kansas

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.