

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42768**

FILED JAN 12 1953

3. No. 200
V. 10.48

BIRTH NO.		REG. DIST. NO. 183	PRIMARY REG. DIST. NO. 5680	Registrar's No. 3-1952
1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Purdin Grantsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burdin 0580		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) S c. (Last) Slender			4. DATE OF DEATH (Month) (Day) (Year) 12 28 52	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 26, 1885	9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Lee Blender		13b. MOTHER'S MAIDEN NAME Lizza Reiser	14. NAME OF HUSBAND OR WIFE Clara Blender	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Clara Blender ADDRESS Purdin 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic cerebrovascular ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic alcoholism 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 ? 1
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5811		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)		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 Dec 27, 1952 , to Dec 28, 1952 , that I last saw the deceased alive on Dec 28, 1952 and that death occurred at 10:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Howard Carter (Degree or title) M.D.		23b. ADDRESS Browning, Mo.		23c. DATE SIGNED Dec 31 52
24a. BURIAL, CREMATION, REMOVAL (Specify) 2	24b. DATE 12-31-52	24c. NAME OF CEMETERY OR CREMATORY Purdin	24d. LOCATION (City, town, or county) (State) Purdin Mo.	
DATE REC'D BY LOCAL REG. Jan. 5, 1953	REGISTRAR'S SIGNATURE Elena Crookshank	25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral home ADDRESS Browning, Mo.		

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

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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 Gerald I. Wadi

Licensed Embalmer No. 4172

P. O. Address Browning

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.