

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14135**
2051

FILED MAY 8 1953 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

I. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stansaa City		c. LENGTH OF STAY (In this place) 10 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stansaa City 3278	
3. NAME OF DECEASED (Type or Print) Blonda		d. STREET ADDRESS (If rural, give location) 504 West 18th	
-a. (First) Blonda		b. (Middle) M	
c. (Last) Dickerson		4. DATE OF DEATH (Month) (Day) (Year) April 16 - 53	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct-9-1899
9. AGE (In years last birthday) 53 yrs		10. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Grundy County, Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lafayette Brown		13b. MOTHER'S MAIDEN NAME Susan Sweetman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Royce Dickerson		ADDRESS 504 West 18th	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Third degree burns of hands, ANTECEDENT CAUSES Arms, shoulders, back and neck DUE TO (b) Rock 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"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Stansaa City Jackson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-1-53		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Wasn't walking, got burned		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 _____ m., from the causes and on the date stated above.	
23a. SIGNATURE Geo. C. Reblin (Degree or title)		23b. ADDRESS 4050 Broadway St. Cass	
23c. DATE SIGNED 4-16-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE April 16-53		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) Spickard Mo		25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary	
DATE REC'D BY LOCAL REG. 4-17-53		ADDRESS Stansaa City, Mo.	

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

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

Clayton Barnes

Licensed Embalmer No. 4793

P. O. Address: D. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.