No. 300
10.48

FILED MAY 5 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 15291

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 27

**1. PLACE OF DEATH**
a. COUNTY: PUTNAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIONVILLE
c. LENGTH OF STAY (in this place): 60 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): |||||

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PUTNAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POWERSVILLE 0860
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARY
b. (Middle): LOUISE
c. (Last): BLANCHARD

**4. DATE OF DEATH** (Month) (Day) (Year): APRIL 5, 1953

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: OCTOBER 8, 1907
**9. AGE** (In years last birthday): 45 — If under 1 year: Months 5, Days 27 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSE WIFE
**10b. KIND OF BUSINESS OR INDUSTRY**: OWN HOME
**11. BIRTHPLACE** (State or foreign country): COLORADO SPRINGS, COLORADO
**12. CITIZEN OF WHAT COUNTRY?**: U. S. A.

**13a. FATHER'S NAME**: JOE VIRGIL CARTER
**13b. MOTHER'S MAIDEN NAME**: SUSIE AMIE WILLIAMS
**14. NAME OF HUSBAND OR WIFE**: TIMMIE BLANCHARD

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: MR. TIMMIE BLANCHARD POWERSVILLE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ascending + transverse colon — INTERVAL BETWEEN ONSET AND DEATH: 2½ years

ANTECEDENT CAUSES
*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.*

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**19a. DATE OF OPERATION**: 9-8-52
**19b. MAJOR FINDINGS OF OPERATION**: Metastasis Carcinoma of ascending + transverse colon
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 12-4-, 1952 *to* 4-5-, 1953 *that I last saw the deceased alive on* 4-5-, 1953, *and that death occurred at* 9:20P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Chas. L. Judd
**(Degree or title)**: DO
**23b. ADDRESS**: Unionville Mo
**23c. DATE SIGNED**: 4/6/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: APRIL 8, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: WYREKA CEMETERY
**24d. LOCATION** (City, town, or county) (State): PUTNAM COUNTY MISSOURI

**DATE REC'D BY LOCAL REG.**: 4-28-53
**REGISTRAR'S SIGNATURE**: Marvell Durbin 266 0
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: COLSTOCK FUNERAL HOME BY John N. Colstock, UNIONVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 29 1953

JUL 24 1953

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, Mo.

Signed .....
Student Embalmer

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

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