.300
.48

FILED MAY 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19044

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6043 Registrar's No. 369

1. PLACE OF DEATH
a. COUNTY Ripley Co. 0910
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington
c. LENGTH OF STAY (in this place)
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 Ripley 0910
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Washington 0
d. STREET ADDRESS (If rural, give location) ½ mi. East of Fairdealing Mo

3. NAME OF DECEASED (Type or Print) a. (First) Benjiman b. (Middle) Harrison c. (Last) Blunt

4. DATE OF DEATH (Month) May (Day) II (Year) 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /
8. DATE OF BIRTH I2/I9/4 I89I
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months 4 Days 2 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Watson, Illnois /
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James R. Blunt
13b. MOTHER'S MAIDEN NAME Mary Duvall
14. NAME OF HUSBAND OR WIFE Lena Blunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Lena Blunt ADDRESS Fairdealing, 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 9 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Undetermined
DUE TO (c) Advancing Age

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 _____ 4200
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* April 20, 1953, *to* May 11, 1953, *that I last saw the deceased alive on* May 9, 1953, *and that death occurred at* 11:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. L. Smith, (Degree or title) D.O.
23b. ADDRESS Box 328, Neelyville, Mo.
23c. DATE SIGNED 5-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/14/53
24c. NAME OF CEMETERY OR CREMATORY Kensey
24d. LOCATION (City, town, or county) Butler (State) Mo.

DATE REC'D BY LOCAL REG. 5-19-53
REGISTRAR'S SIGNATURE E. S. Johnston 277 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gish Funeral Home Naylor, MO.

(Licensed Embalmer's Statement on Reverse Side)

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. Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, Mo.

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

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