No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34785

SEP 16 1953

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4508 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Galena
c. LENGTH OF STAY (in this place) Entire Life
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 Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Galena 1040 0
d. STREET ADDRESS (If rural, give location)

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

4. DATE OF DEATH (Month) Sept (Day) 1 (Year) 1953

5. SEX F

6. COLOR OR RACE Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Nov 17 1870

9. AGE (In years last birthday) 82-8-15 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Stone Co. Mo

12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME Jake Yocum

13b. MOTHER'S MAIDEN NAME Minnie Wooley

14. NAME OF HUSBAND OR WIFE Ernest Blunt

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. ✓

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mrs Boyd Daniels - Galena 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) Intestinal Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH 6 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Injury — Fell in — 6 wks
DUE TO (c) Home.

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 E9040 21

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* Aug. 14, 1953, to Sept 1, 1953, *that I last saw the deceased alive on* Aug. 28, 1953, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE C. A. Cordell (Degree or title) M.D.

23b. ADDRESS Aurora, Mo

23c. DATE SIGNED 9-3-53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 4-53

24c. NAME OF CEMETERY OR CREMATORY Galena Cemetery

24d. LOCATION (City, town, or county) (State) Galena Missouri

DATE REC'D BY LOCAL REG. Sept. 9 - 53.

REGISTRAR'S SIGNATURE Mrs. J. Elmer Pinkerton

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Everett J. Cheatham - Galena Mo

per Verna Murray (Licensed Embalmer's Statement on Reverse Side)

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 Everett J. Cheatham

Signed.....
Student Embalmer

Licensed Embalmer No. 3870

P. O. Address Galena Mo.

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.