

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2043**

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar No. **2**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Canton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		d. STREET ADDRESS (If rural, give location) R. R. # 1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JAMES	b. (Middle) WILLIAM	c. (Last) BLURTON	Jan. 6, 1954		

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 1890	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 1 YEAR	12. UNDER 1 YEAR
				64	Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm laborer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William S. Blurton	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) World War I	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME (Printed) Herbert P. Satorius	18. ADDRESS Bluffton
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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		INTERVAL BETWEEN ONSET AND DEATH acute 5 yrs 4 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis DUE TO (c) Chronic passive congestion		
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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1, 1952**, to **Jan 6, 1954** that I last saw the deceased alive on **Jan 6, 1954** and that death occurred at **7:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. E. M. Lucke	23b. ADDRESS Bluffton	23c. DATE SIGNED 1/6/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 1/6/54	24c. NAME OF CEMETERY OR CREMATORY Farmingdale Cemetery	24d. LOCATION (City, town, or county) (State) Sangamon county, Illinois
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DATE REC'D BY LOCAL REG. 1-6-54	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE Herbert P. Satorius	ADDRESS Bluffton
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 13 1954
MARION CO. HEALTH DEPT.
DATE FILED JAN 13 1954

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 Jack Schwartz
Licensed Embalmer No. 4960
P. O. Address Hannibal, 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.