

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 28 1954

BIRTH NO. 71615-54 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hayti</b>		c. CITY OR TOWN <b>Wardell</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 Days</b>		e. STREET ADDRESS (If rural, give location) <b>Rural Route 1 6780</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pemiscot, Co., Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Carol</b> b. (Middle) <b>Eugenia</b> c. (Last) <b>Blurton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 14, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>10-12-54</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hayti, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Sterling Blurton</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Gaskins</b>		14. NAME OF HUSBAND OR WIFE <b>Infant</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sterling Blurton R. 1 Wardell, Mo.</b>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>premature baby + med. atelectasis - sep -</b>		DUPLICATE OF PREVIOUS			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF PREVIOUS			
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE OF PREVIOUS			
DUPLICATE OF PREVIOUS		DUPLICATE OF PREVIOUS			

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)		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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct-13, 1954, to Oct. 14, 1954, that I last saw the deceased alive on Oct. 14, 1954, and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE <b>A. Shiner</b> (Degree or title)		23b. ADDRESS <b>W.D. Shiner Clinic Hayti Mo.</b>		23c. DATE SIGNED <b>10-17-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-14-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial</b>	
24d. LOCATION (City, town, or county) (State) <b>Wardell, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>10-22-54</b>		REGISTRAR'S SIGNATURE <b>John W. Herman 4060</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Osburn Funeral Home, Wardell, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10 - 241 - 54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

10 - 26 - 54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed  
by me, or by ..... Body Was Not Embalmed ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed James A. Osburn  
Licensed Embalmer No. 4185

P. O. Address Wardell, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.