S. No. 300
v. 10-48

FILED MAY 11 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14421

BIRTH NO. ______ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6172 Registrar's No. 25

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

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington
d. STREET ADDRESS (If rural, give location): Galena Mo. 1042

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

4. DATE OF DEATH (Month) (Day) (Year): March 31-1955

5. SEX: M

6. COLOR OR RACE: Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb 13-1893

9. AGE (In years last birthday): 62-1-18 (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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (City and State or Foreign Country): Stone Co. Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: Jasper Blunt

13b. MOTHER'S MAIDEN NAME: Sarah Yocum

14. NAME OF HUSBAND OR WIFE: Lina 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.: No

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Lina Blunt - Galena Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach

INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

151 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec. 15 55
19b. MAJOR FINDINGS OF OPERATION: (Surgery at Ellis Fischel) Adenocarcinoma of stomach c Metastases

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* Jan 6 *19*55, *to* 3-31 *19*55, *that I last saw the deceased alive on* March 30, *19*55, *and that death occurred at* 9:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred L. Wommack M.D.
23b. ADDRESS: Crane, Mo
23c. DATE SIGNED: 4-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 4-1955
24c. NAME OF CEMETERY OR CREMATORY: Galena Mo.
24d. LOCATION (City, town, or county) (State): Galena, Mo.

DATE REC'D BY LOCAL REG.: apr. 2-55
REGISTRAR'S SIGNATURE: Mrs. J. Elmer Brown per Lena Murray
217-4
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Everett C. Cheatham - Galena Mo.
(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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Ernest J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Salem 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.