

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21692**Registrar's No. **10**

BIRTH NO. _____		REG. DIST. NO. 104		PRIMARY REG. DIST. NO. 5420		Registrar's No. 10		
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin				
b. CITY OR TOWN Holcomb		c. LENGTH OF STAY (in this place) 63 Yrs.		c. CITY OR TOWN Holcomb		0350		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Holcomb, Missouri				d. STREET ADDRESS (If rural, give location) Route 1				
3. NAME OF DECEASED (Type or Print) ILER			a. (First) ILER		b. (Middle) BLANTON		c. (Last) BLANTON	
4. DATE OF DEATH June 11 1955		(Month) June		(Day) 11		(Year) 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 25 1886		
9. AGE (In years last birthday) 69		if UNDER 1 YEAR Months 2 Days 16		if UNDER 12 Hrs. 16		if UNDER 15 Min. 16		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Troy, Tennessee		
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Sam Blanton		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE Ellie Blanton				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 Leonard Blanton, Holcomb, Mo.				17. ADDRESS _____		17. ADDRESS _____		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 3.3.1x				INTERVAL BETWEEN ONSET AND DEATH 6/11/55		
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 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) _____		
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 6/11 , 19 55 , to 6/11 , 19 55 , that I last saw the deceased alive on 6/11 , 19 55 , and that death occurred at 5:20 P.M. on the causes and on the date stated above.		23a. SIGNATURE John E. Cochran (Degree or title) _____		
23b. ADDRESS Holcomb		23c. DATE SIGNED 6/14/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 13 1955		
24c. NAME OF CEMETERY OR CREMATORY Pine City Cemetery		24d. LOCATION (City, town, or county) (State) Holcomb Missouri		DATE REC'D BY LOCAL REG. 6-23-55		REGISTRAR'S SIGNATURE J. Anderson		
25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home		ADDRESS Campbell, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEAD

DEPARTMENT 7-6-55

COUNTY FILE NUMBER 755-16

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.