

FILED OCT 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30345**

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bothwell Hospital		STREET ADDRESS (If rural, give location) 226 South Prospect <i>08040</i>	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) A. c. (Last) BLATTERMAN			4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 18, 1874	9. AGE (In years last birthday) 80	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) Restuarant		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME G. A. Blatterman	13b. MOTHER'S MAIDEN NAME Katherine Schumaker	14. NAME OF HUSBAND OR WIFE Mary C. Yost
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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. 491-07-4678	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Blatterman, Sedalia, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY EMBOLISM. Only a few minutes.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Cardio- Vascular Disease- 2 yrs. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Uremia. 3 days.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility. 443X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Medical only.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.	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) None.	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 Over 3 yrs to 9-28-55, 19 , that I last saw the deceased alive on 9-27-55, 19 , and that death occurred at 3:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Jno. B. Canisale, M.D. (Degree or title)	23b. ADDRESS Sedalia, Missouri.	23c. DATE SIGNED 9-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/30/1955	24c. NAME OF CEMETERY OR CREMATORY emorial Park Cem.	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 9-28-55	REGISTRAR'S SIGNATURE J. B. Canisale, Deputy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Heckart, Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

9561 12 NOV 1

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
Signature of Student Embalmer

Signed *Russell C. Marg*

Licensed Embalmer No. *48*

P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.