. No. 300
. 10-48

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

0860

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1956

5915 State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unionville
c. LENGTH OF STAY (In this place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unionville
d. STREET ADDRESS (If rural, give location): East Main Street 0860

3. NAME OF DECEASED (Type or Print): a. (First) Timmie b. (Middle) c. (Last) Blanchard

4. DATE OF DEATH (Month) (Day) (Year): February 28, 1956

5. SEX: Male

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: July 9, 1904

9. AGE (In years last birthday): 51 — If under 1 year: Months 7, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and State or Foreign Country): Putnam County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Samuel Blanchard

13b. MOTHER'S MAIDEN NAME: Minnie Varner

14. NAME OF HUSBAND OR WIFE: Mary Louise Blanchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 494-40-8580

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Fern Blanchard Powersville, Missouri

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Disease of Coronary Arteries — 3 Years
DUE TO (c)

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: 4201
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* June, 1953, *to* Feb. 27, 1956, *that I last saw the deceased alive on* Feb. 26, 1956 *and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. W. Gallaun D.O.
23b. ADDRESS: Unionville, Missouri
23c. DATE SIGNED: Feb. 29, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/1/56
24c. NAME OF CEMETERY OR CREMATORY: Wyreka Cemetery
24d. LOCATION (City, town, or county) (State): Putnam County, Missouri

DATE REC'D BY LOCAL REG.: 3-2-56
REGISTRAR'S SIGNATURE: Marvell Durbin
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Comstock Funeral Home By John N. Comstock Unionville, 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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Thornville, 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.