

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9804

FILED MAR 19 1957

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 89

| | | | | | | | |
|--|-------------------------------|---|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Desloge</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Desloge</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Oak St. & RR'y</u> | | Length of stay in lb <u>3</u> | | d. STREET ADDRESS <u>602 Lincoln</u> | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Howard</u> Last <u>Blunt</u> | | | | 4. DATE OF DEATH Month <u>March</u> Day <u>13th.</u> Year <u>1957</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Dec. 23rd. 1898</u> | | 9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lead Mill</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mining</u> | | 11. BIRTHPLACE (City and state or country) <u>Crystal City, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>Matthew Blunt</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Compton</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>490 03 2359</u> | | 17. INFORMANT Address <u>Mrs. Barbara Blunt, Desloge, Mo</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>apparently skull fracture.</u> DUE TO (b) <u>Coroner Jury Verdict: from a cause</u> DUE TO (c) <u>or cause unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <u>Injuries caused by automobile leaving road and striking deceased</u> | | | | |
| 20c. TIME OF INJURY Hour <u>5:30</u> Month <u>March</u> Day <u>13</u> Year <u>1957</u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u> | | 20f. CITY, TOWN, OR LOCATION <u>Desloge</u> | | 20g. COUNTY <u>St. Francois</u> | |
| 20h. STATE <u>Missouri</u> | | | | | | | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Paul Miller</u> | | | | 22b. ADDRESS <u>Coroner 3 Farmington, Mo</u> | | 22c. DATE SIGNED <u>3/13/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3/16/1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem Pk.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Bonne Terre Rt. 1, Mo</u> | | |
| 24. FUNERAL DIRECTOR Boyer & Son Address <u>Desloge, Mo</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>Mar. 13, 1957</u> | | 26. REGISTRAR'S SIGNATURE <u>Ether G. Dooloff</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Health, & Welfare
Public Service

S. 300
1-56

289-0

MAR 19 1957

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 *J. T. Loyer*

Licensed Embalmer No. *36*

P. O. Address *Alenage*

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.