

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028251  
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Leon Nursing Home		d. STREET ADDRESS (If outside, give location) 2229 Jackson Street	
3. NAME OF DECEASED (Type or print) First Middle Last Marie C. Blanpied			4. DATE OF DEATH Month Day Year September 9, 1958.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 20, 1888
9. AGE (In years last birthday) 70		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James P. Jacobson	
13b. MOTHER'S MAIDEN NAME Mattie Marie Anderson		14. NAME OF HUSBAND OR WIFE Elisha A. Blanpied	
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. none	17. INFORMANT Mrs. Hulda A. Heed
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH About 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture, neck of femur, right		13 days	
DUE TO (c)		9040 21	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) Fall	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 8 26 58 p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE St Joseph Buchanan Mo	
21. I attended the deceased from 8-27-58 to 9-9-58 and last saw her alive on 9-9-58 Death occurred at 8:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) E. F. Butler M.D.	
22b. ADDRESS 902 Edmond, St Joseph, Mo		22c. DATE SIGNED 9-9-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 12, 1958.	23c. NAME OF CEMETERY OR CREMATORY Mt. Muncie Cemetery	23d. LOCATION (City, town, or country) (State) Leavenworth, Kansas.
24. FUNERAL DIRECTOR Meyerhoff & Tolman St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 12, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. E. F. Butler

All diseases in Part I must be causally related.

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 *Albert E. Hamman* .....  
Licensed Embalmer No. 3258 .....  
P. O. Address .... St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.