

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033872
STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 301 Primary Registration District No. 6-0-3-2 Registrar's No. 619

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Flatwoods Twp</u> Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Doniphan</u> Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RR#1 - Doniphan</u> Length of stay in lb <u>12 years</u>		d. STREET ADDRESS (If outside, give location) <u>RR#1</u> Reside on Farm: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ERCEL</u> Middle <u>MARION</u> Last <u>BLAUVEIT</u>		4. DATE OF DEATH Month <u>9</u> Day <u>15</u> Year <u>58</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>4-13-97</u>
9. AGE (In years last birthday) <u>61</u>		10. UNDER 1 YEAR: Months <u>6</u> Days <u>14</u> Hours <u>19</u> Min. <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw mill operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Timber</u>	11. BIRTHPLACE (City and state or country) <u>HARDY NEBRASKA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FRANK BLAUVEIT</u>	
13b. MOTHER'S MAIDEN NAME <u>MARIE MIMMICK</u>		14. NAME OF HUSBAND OR WIFE <u>ELENA BLAUVEIT</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW#1 5-31-17-19-19 505-24-7101</u>		16. SOCIAL SECURITY NO. <u>ELENA BLAUVEIT RT1, Doniphan, MO</u>	
17. INFORMANT <u>ELENA BLAUVEIT</u>		Address <u>RT1, Doniphan, 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>Malnutrition and cachexia</u> DUE TO (b) <u>Carcinoma of tongue with metastasis</u> DUE TO (c) <u>1419</u> Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Edema from X-ray treatment.</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <u>a.m.</u> Month, Day, Year <u>p.m.</u>		20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>8/27/58</u> to <u>9/12/58</u> and last saw <u>her</u> alive on <u>9/12/58</u> Death occurred at <u>m</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>William G. Bannister, D.O.</u>	
22b. ADDRESS <u>Doniphan, MO.</u>		22c. DATE SIGNED <u>9-17-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-18-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri</u>
24. FUNERAL DIRECTOR <u>Edwards Funeral Home</u> <u>Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-26-58</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth de Johnston</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1958 7 100

OCT 2 1958

MS JUN 23 1958

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 *Thomas M. Emmons Jr*

Licensed Embalmer No. *5064*

P. O. Address *Daniphan, Va*

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.