

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043013

STATE FILE NUMBER

300  
1-57

DEC 9 1958		Registration District No. 381		Primary Registration District No. 4514		Registrar's No. 123	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Green City 1650		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Length of stay in lb 10 yrs.		d. STREET ADDRESS (If outside, give location) No street address		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Homer Larra Bland				4. DATE OF DEATH Month Day Year Nov. 29, 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-10-1898	
9. AGE (In years) 60		10. FUNDING YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Worthington, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming		11. BIRTHPLACE (City and state or country) Worthington, Mo.	
13a. FATHER'S NAME Andrew C. Bland				13b. MOTHER'S MAIDEN NAME Mary Viola Powell		14. NAME OF HUSBAND OR WIFE Rosa Bland	
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. 486-24-8987		17. INFORMANT Address Mrs. Rosa Bland, Green City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Asthma						INTERVAL BETWEEN ONSET AND DEATH 15 minutes	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Green City		20g. COUNTY STATE	
21. I attended the deceased from Feb. 22 1955 to Nov 29 1958 and last saw him alive on November 27, 1958 Death occurred at 7:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) RD Smith D.O. 2				22b. ADDRESS Green City Mo		22c. DATE SIGNED Nov. 30, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-3-1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Green City, Mo.	
24. FUNERAL DIRECTOR Glenn E. Kent & Son, Green City, Mo				25. DATE RECD. BY LOCAL REG. 12-2-58		26. REGISTRAR'S SIGNATURE Mrs. M. W. Beechett	

(License of Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

MS OCT 13 1959

JAN 27 1959

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 *Karl R. Zent* .....

Licensed Embalmer No. *4689* .....

P. O. Address *Green City, 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.