

Health,  
& Welfare  
Public  
Service

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

79-000159  
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Benton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WARSAW</b>		c. CITY OR TOWN <b>WARSAW</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If outside, give location) _____	
Length of stay in lb <b>years</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>PAUL MADISON BLANCHARD</b>			4. DATE OF DEATH Month Day Year <b>JAN 4 1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 3, 1889</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days <b>1 1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postmaster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>T. L. Government Retail</b>	11. BIRTHPLACE (City and state or country) <b>WARSAW, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
13a. FATHER'S NAME <b>J. F. Blanchard</b>		13b. MOTHER'S MAIDEN NAME <b>Rhoda See</b>		14. NAME OF HUSBAND OR WIFE <b>Sudie Blanchard</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Sudie Blanchard Warsaw</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 mins.</b>
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) <b>Hemiparesis (CVA 1947)</b>		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 a.m. p.m. Month, Day, Year	

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 <b>1947</b> to <b>1959</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>1-4-59</b> Death occurred at <b>5:00 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>E. Rhoads, M.D.</b> (Degree or title)		22b. ADDRESS <b>Warsaw, Mo.</b>		22c. DATE SIGNED <b>1-5-59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Jan 7, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverside Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Warsaw Benton Co. Mo</b>
24. FUNERAL DIRECTOR <b>John F. Reser</b>	ADDRESS <b>Warsaw</b>	25. DATE RECD. BY LOCAL REG. <b>Jan. 7-1959</b>	26. REGISTRAR'S SIGNATURE <b>Jas. A. Logan</b>

(Licensed Embalmer's Statement on Reverse Side)

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.

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JAN 19

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 *John F. Reser* .....

Licensed Embalmer No. *4098* .....

P. O. Address *Warsaw* .....

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.