Threadgill

FILED APR 14 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012035
STATE FILE NUMBER

Registration District No. 357 Primary Registration District No. Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: TANEY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): BRANSON — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Skaggs Hosp. — Length of stay in 1b: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: TANEY
c. CITY OR TOWN: Forsyth 1060 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Forsyth — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: HENRY Middle: MARTYN Last: BLUNK

4. DATE OF DEATH: Month: MARCH Day: 29 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 21, 1867
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 7 Days 8 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Country Employee
11. BIRTHPLACE (City and state or country): Ill
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: William H. Blunk
13b. MOTHER'S MAIDEN NAME: Ellen Carman
14. NAME OF HUSBAND OR WIFE: Laura Blunk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: A. H. Blunk Address: Forsyth, Mo

MEDICAL CERTIFICATION

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: one wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 7 yrs
DUE TO (c): [illegible]
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 WORK [ ] NOT WHILE AT WORK [ ]
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 March 20th 59, to March 24th and last saw her/him alive on March 29th 1959
Death occurred at 3:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]
22b. ADDRESS: Forsyth Mo
22c. DATE SIGNED: 4-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-1-59
23c. NAME OF CEMETERY OR CREMATORY: Oak Memorial Park
23d. LOCATION (City, town, or county): Branson (State): Mo

24. FUNERAL DIRECTOR: W. S. Cobb ADDRESS: Forsyth Mo
25. DATE RECD. BY LOCAL REG.: 4-8-59
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Forsyth, Me

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.