URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-035786

STATE FILE NUMBER

FILED VS OCT 26 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1127

ENDED

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Baptist — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Greene
c. CITY OR TOWN: Brookline — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route # 7, — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First MAUDE Middle ALENE Last BLANTON

4. DATE OF DEATH: Month Oct. Day 21, Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July30,1885
9. AGE (last birthday): 74 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: 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: Home
11. BIRTHPLACE (City and state or country): Greene County,Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Anderson
13b. MOTHER'S MAIDEN NAME: Jessie Wiley
14. NAME OF HUSBAND OR WIFE: Frank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Frank Blanton Address: Brookline,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): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Pt fell and injured hip
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 10-17-59 Had fracture of Rigt Femur.
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 26 May 1954, to Oct.21,1959 and last saw her alive on 21 Oct 1959
Death occurred at 6:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Stanley L. Peterson MD
22b. ADDRESS: Springfield Mo
22c. DATE SIGNED: 23 Oc-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-23-1959
23c. NAME OF CEMETERY OR CREMATORY: Brookline Cemetery
23d. LOCATION (City, town, or county): Brookline (State): Missouri

24. FUNERAL DIRECTOR ADDRESS: Rex Rainey--Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 10-23-59
26. REGISTRAR'S SIGNATURE: Effie G. Mellon

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by ---------- , Student Embalmer No. -----

working under my personal supervision.

Student ---------- Signed

Signature of Student Embalmer

Licensed Embalmer No. 3312

P. O. Address Springfield, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.