

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010532

FILED VS APR 11 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 384

STATE FILE NUMBER

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>GREENE</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> COUNTY <b>GREENE</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>SPRINGFIELD</b>                    |  | Length of stay in 1b<br><b>13 YRS.</b>   | c. CITY OR TOWN <b>SPRINGFIELD</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>DOA. ST. JOHN'S HOSP</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>501 W. TRACY</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |  |
|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>ALBERT J. BLAHNIK</b> | 4. DATE OF DEATH<br>Month Day Year<br><b>MARCH 31 1960</b> |
|--|--|

|                       |                                  |   |                                    |                                     |                                |                              |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|--------------------------------|------------------------------|
| 5. SEX<br><b>MALE</b> | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8/13/00</b> | 9. AGE (last birthday)<br><b>59</b> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|--------------------------------|------------------------------|

|  |  |  |   |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>AGENT. LIFE &amp; CASUALTY</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>INS. CO.</b> | 11. BIRTHPLACE (City and state or country)<br><b>GREEN BAY, WIS.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
|--|--|--|---|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><b>JOSEPH BLAHNIK</b> | 13b. MOTHER'S MAIDEN NAME<br><b>ANN MAZANEC</b> | 14. NAME OF HUSBAND OR WIFE<br><b>HELEN N. BLAHNIK</b> |
|---|---|--|

|   |   |  |
|---|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES W.W. # 1 &amp; 2</b> | 16. SOCIAL SECURITY NO.<br><b>391-09-8522</b> | 17. INFORMANT Address<br><b>HELEN N. BLAHNIK, SPRINGFIELD, MO.</b> |
|---|---|--|

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Sudden death - no physician in attendance. Most likely coronary occlusion.</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>none</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|--|

|  |   |  |
|--|---|--|
| 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<br>Hour a.m. p.m.<br>Month, Day, Year                                      |   |  |

|  |  |   |
|--|--|---|
| 20d. INJURY OCCURRED WHILE AT WORK <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 **1-15-60** to **3-28-60** and last saw <sup>her</sup>him alive on **3-28-60**  
Death occurred at **2:15 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

|   |  |                                   |
|---|--|-----------------------------------|
| 22. SIGNATURE (Degree or title)<br><i>[Signature]</i> | 22b. ADDRESS<br><b>609 Cherry Street<br/>Springfield, Missouri</b> | 22c. DATE SIGNED<br><b>4/2/60</b> |
|---|--|-----------------------------------|

|   |   |
|---|---|
| 23a. NAME OF CEMETERY OR CREMATORY<br><b>ALLOUEZ CEMETERY</b> | 23b. LOCATION (City, town, or county) (State)<br><b>GREEN BAY WISCONSIN</b> |
|---|---|

|  |   |   |
|--|---|---|
| 24. FUNERAL DIRECTOR ADDRESS<br><b>H.H. LOHMEYER, SPRINGFIELD, MO.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>4-4-60</b> | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i> |
|--|---|---|

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *H. L. McCann*

Licensed Embalmer No. 272

P. O. Address *Springfield*

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