

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018057

FILED VS APR 18 1960

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 29 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Branson</u>	Length of stay in 1b <u>6 Months</u>	c. CITY OR TOWN <u>Branson</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>822 W. Atlantic</u>

3. NAME OF DECEASED (Type or print) First <u>Lafayette</u> Middle <u>Wendell</u> Last <u>Blanchard</u>			4. DATE OF DEATH Month <u>April</u> Day <u>11</u> Year <u>1960</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-2-1866</u>	9. AGE (last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>physician</u>	11. BIRTHPLACE (City and state or country) <u>Mich.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>August Blanchard</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Wendell</u>		14. NAME OF HUSBAND OR WIFE <u>Corynne Blanchard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs Corynne Blanchard Branson, Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u>		<u>1 yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Insufficiency</u>	<u>1 yr</u>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of Prostate</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 _____ s.m. _____ p.m. _____	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 3-20-60 to 4-10-60 and last saw <sup>her</sup> alive on 4-10-60  
Death occurred at 12:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Hartley F Mass MD</u>	22b. ADDRESS <u>Farouth Missouri</u>	22c. DATE SIGNED <u>4-12-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>4-14-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Mem. Park Cem.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Whelchel Chapel Branson, Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Branson, Mo</u>
25. DATE RECD. BY LOCAL REG. <u>4-16-60</u>		26. REGISTRAR'S SIGNATURE <u>Heber Campbell</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 8 1960

APR 21

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 Walter Cook

Licensed Embalmer No. 473

P. O. Address Brown

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.