

FEDERAL BUREAU OF INVESTIGATION  
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029508

FILED VS SEP 6 1960 4

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 219

STATE FILE NUMBER

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Atchison</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Fairfax</u>                 |  | Length of stay in 1b<br><u>6 hrs.</u>   | c. CITY OR TOWN <u>Rock Port</u><br>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 <u>Fairfax Hosp.</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>none</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |   |  |  |  |
|---|----------------------------------|---|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Marion</u> Middle <u>Franklin</u> Last <u>Blunk</u>           |                                  |   | 4. DATE OF DEATH<br>Month <u>8</u> Day <u>28</u> Year <u>1960</u> |  |  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 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><u>12-22-1881</u>                             | 9. AGE (last birthday)<br><u>78</u>                          | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months <u>9</u> Days <u>6</u> Hours <u>    </u> Min. <u>    </u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Agriculture</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>Indiana</u> |  |  |
| 13a. FATHER'S NAME<br><u>James H. Blunk</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Francis Tabler</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Hattie C.</u>              |  |  |

|   |  |                              |   |
|---|--|------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT<br><u>Lost</u> | Address<br><u>Mrs Hattie Blunk, Rock Port, Mo</u> |
|---|--|------------------------------|---|

|   |                                       |  |
|---|---------------------------------------|--|
| 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) <u>Spontaneous pneumothorax</u> |                                       | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u> |
| Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.  | DUE TO (b) <u>Pulmonary Emphysema</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) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown |
|---|--|

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>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 checked="" type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><u>Rock Port, Mo</u> | COUNTY _____ STATE _____ |
| 21. I attended the deceased from <u>8/26/60</u> to <u>8/28/60</u> and last saw her/him alive on <u>8/28/60</u><br>Death occurred at <u>7:25</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |                          |

|  |  |  |
|--|--|--|
| 22a. SIGNATURE (Degree or title)<br><u>John M. Womack M.D.</u> | 22b. ADDRESS<br><u>100 Cass Rock Port, Mo.</u> | 22c. DATE SIGNED<br><u>8/29/60</u>                           |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>     | 23b. DATE<br><u>9-1-1960</u>                   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>High Creek Cem.</u> |
| 23d. LOCATION (City, town, or county)<br><u>Watson, Mo.</u>    |  | 23e. STATE<br><u>Mo.</u>                                     |

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 24. FUNERAL DIRECTOR<br><u>Bartholomew Mortuary.</u> | ADDRESS<br><u>Rock Port, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Aug 31, 1960</u> | 26. REGISTRAR'S SIGNATURE<br><u>Marvin H. Schaefer</u> |
|--|----------------------------------|---|--|

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 2 1960

**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

*Grat Burchalman*

Licensed Embalmer No. 3173

P. O. Address Rock Pt.

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.