

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039331

VS NOV 4 1960

Registration District No. 290 Primary Registration District No. Registrar's No. 144

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tavern Township.		Length of stay in lb 65 yrs.	c. CITY OR TOWN Crocker, Missouri Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Crocker, Mo. Rt. # 3.		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) Rural Rt. # 3. Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Walter Middle Alonzo Last Blanton.		4. DATE OF DEATH Month October Day 21, Year 1960	
5. SEX Male	6. COLOR OR RACE White.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 10/20/1892
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and state or country) Maries Co, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Blanton.		13b. MOTHER'S MAIDEN NAME Ida Pierce.	
14. NAME OF HUSBAND OR WIFE Gracie Ann Blanton.		Address Rt. # 3	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-28-19076	
17. INFORMANT Mrs. Gracie Ann Blanton Crocker, Mo		Address Rt. # 3	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis 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 ☐ N. ☐ Unknown		INTERVAL BETWEEN ONSET AND DEATH 24 hrs yes.	
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.)		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 10/20/60 to 10/21/60 and last saw him alive on 10/20/60 Death occurred at 9:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm. A. Gould D.O.		22b. ADDRESS Iberia, Missouri	
22c. DATE SIGNED 10/22/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/23/1960	
23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cem.		23d. LOCATION (City, town, or county) (State) Crocker, Missouri	
24. FUNERAL DIRECTOR Hedges Funeral Home Crocker, Mo		25. DATE RECD. BY LOCAL REG. 10-22-60	
26. REGISTRAR'S SIGNATURE Paula Mae Anderson			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 29 1960

FISV 4 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 Clara E. Mass

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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.