

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

-60-045406

STATE FILE NUMBER

FILED VS DEC 27 1960 59

Registration District No. Primary Registration District No. Registrar's No. 214

1. PLACE OF DEATH a. COUNTY CASS RFD 2 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLEASANT HILL TOWNSHIP Length of stay in 1b 3 YRS c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CASS c. CITY OR TOWN PLEASANT HILL Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) RFD 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First CLAUDE Middle C Last BLANTON			4. DATE OF DEATH Month 12 Day 10 Year 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JULY-25-1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 4 Days 15		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) GENTRY MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME IRA BLANTON		13b. MOTHER'S MAIDEN NAME MARY GLOEKLIN	14. NAME OF HUSBAND OR WIFE MRS GRACE BLANTON				
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. 496-01-0724	17. INFORMANT MRS GRACE BLANTON Address PLEASANT HILL RFD 2 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) Malnutrition DUE TO (b) Recurrent peptic ulcer at stomach of stomach following resection DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 6 wks 2 yrs.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Abdominal aortic aneurysm				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			
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 _____ a.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 6-9-59 to 12-10-60 and last saw him her alive on 12-9-60 Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Cliff Eblund M.D.			22b. ADDRESS Pleasant Hill, MO		22c. DATE SIGNED 12-10-60		
23a. FUNERAL CREMATION, (Type) Burial	23b. DATE 12-15-60	23c. NAME OF CEMETERY OR CREMATORY MRRMORIAL PARK CEMETERY	23d. LOCATION (City, town, or county) (State) ST JOSEPH MISSOURI				
24. FUNERAL DIRECTOR WALLACE FUNERAL HOME PLEASANT HILL MO		25. DATE RECD. BY LOCAL REG. 12/12/60	26. REGISTRAR'S SIGNATURE Mrs Ray Sebra				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 27 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 James C Wallace

Licensed Embalmer No. 392

P. O. Address Heenan

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