

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016230

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 81

AMENDED FILED MAY 9 1961

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Vernon</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>nevada</i>		c. CITY OR TOWN <i>Nevada</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1519 East Austin</i>		d. STREET ADDRESS (If outside, give location) <i>1519 East Austin</i>	
3. NAME OF DECEASED (Type or print) First <i>Virgil</i> Middle <i>D.</i> Last <i>Bland</i>		4. DATE OF DEATH Month <i>4</i> Day <i>24</i> Year <i>61</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12-26-1904</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Auto. Dealer</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <i>56</i>
11. BIRTHPLACE (City and state or country) <i>Cedar Co., Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>George Bland</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Roe</i>	14. NAME OF HUSBAND OR WIFE <i>Mabel Bland</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>		17. INFORMANT Address <i>1519 E Aust</i> <i>Mabel Bland Nevada, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>
DUE TO (b) <input checked="" type="checkbox"/>			
DUE TO (c) <input type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>None known.</i>			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 <i>7:30 a.m.</i> 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 <i>Nevada</i>	COUNTY <i>Vernon</i> STATE <i>Mo</i>
21. I attended the deceased from <i>4-24-61</i> to <i>4-24-61</i> and last saw him alive on <i>deceased before I could get there.</i>		Death occurred at <i>7:30 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>W. Love MD</i>		22b. ADDRESS <i>Nevada, Mo.</i>	22c. DATE SIGNED <i>4-24-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>4-26-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Love Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Cedar Co., Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Gwinn-Carothers Eldorado Sq. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>May 3 - 1961</i>	26. REGISTRAR'S SIGNATURE <i>Anna E. Jerry</i>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAY 11 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Max W. Dickering

Licensed Embalmer No. 4696

P. O. Address Edwards

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.