

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH** *Brown* = 61-040303

AMENDED

Registration District No. *47* Primary Registration District No. *2008* Registrar's No. *279* STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Callaway</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Fulton</i>			Length of stay in lb <i>40 yrs.</i>		c. CITY OR TOWN <i>Fulton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Callaway Memorial Hosp.</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>Senonole Ct.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Sylvia Hulme Blattner</i>				4. DATE OF DEATH Month Day Year <i>Nov. 18 1961</i>			
5. SEX <i>Female</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>8-27-1893</i>	9. AGE (last birthday) <i>68</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (City and state or country) <i>Montgomery County</i>		12. CITIZEN OF WHAT COUNTRY <i>USA.</i>	
13a. FATHER'S NAME <i>Edward J. Hulme</i>			13b. MOTHER'S MAIDEN NAME <i>Mary Etta Smith</i>		14. NAME OF HUSBAND OR WIFE <i>Curtis E. Blattner</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Curtis E. Blattner</i> Address <i>Fulton, 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>Cerebral Prolusion</i> DUE TO (b) <i>Cerebral Prolusion</i> DUE TO (c) <i>Cerebral Prolusion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <i>1 hr</i> <i>?</i>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. <i>11:30 a.m.</i>		Month, Day, Year <i>Nov. 18 1961</i>					
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		COUNTY STATE	
21. I attended the deceased from <i>1950</i> to <i>Death</i> and last saw her alive on <i>11-18-61</i> Death occurred at <i>11:30 am</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John Brown MD</i> (Degree or title)				22b. ADDRESS <i>Fulton Mo</i>		22c. DATE SIGNED <i>11-20-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>11-19-61</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Hillcrest Cemetery</i>		23d. LOCATION (City, town, or county) <i>Fulton, Mo.</i>	
24. FUNERAL DIRECTOR <i>Marjorie Funeral Home, Inc. Fulton, Mo.</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>Nov. 20-1961</i>		26. REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>	

**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 Thomas M Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, Mo

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.