

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034274

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 111 Primary Registration District No. \_\_\_\_\_ Registrar's No. 5426

FILED OCT 9 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Franklin</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Pacific</u>	a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>
Length of stay in lb <u>11 yrs.</u>	c. CITY OR TOWN <u>Pacific</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi. w. of Pacific</u>	d. STREET ADDRESS (If outside, give location) <u>3 mi w. of Pacific</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First <u>Cornelia</u>	Middle <u>-</u>
Last <u>Blanchard</u>	4. DATE OF DEATH
5. SEX <u>f</u>	Month <u>Oct</u>
6. COLOR OR RACE <u>w</u>	Day <u>1</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	Year <u>1962</u>
8. DATE OF BIRTH <u>Jan 23, 1881</u>	9. AGE (last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>
11. BIRTHPLACE (City and state or country) <u>Decatur, Ia</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>David Kennedy</u>	13b. MOTHER'S MAIDEN NAME <u>Evelina Boyle</u>
14. NAME OF HUSBAND OR WIFE <u>Wm. Blanchard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none.</u>
17. INFORMANT <u>Lena Kin Kade</u>	Address <u>Pacific Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
<u>Cerebral hemorrhage</u>	<u>5 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b)	
<u>Arteriosclerotic hypertension</u>	
DUE TO (c)	
<u>Heart disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
<u>Cerebral arteriosclerosis</u>	
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 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 <u>Sept - 1958</u> to <u>Oct 1 - 1962</u> and last saw her/him alive on <u>Sept - 28</u> Death occurred at <u>11:10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Pacific Mo</u>
22c. DATE SIGNED <u>10/3/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
<u>10-5-62</u>	
23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) (State)	
<u>Kansas City Kans</u>	
24. FUNERAL DIRECTOR <u>Mrs. John L. Shields</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 5. 62</u>
26. REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
10360
20360
3
4 1
5 2
6
7 1
8 0
94200
10
11
12 90-6
13 1-0

OCT 10 1962

**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 Ralph Altmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.