

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039427

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 5388 Registrar's No. 93

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 23 1963

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Short Bend Twp.		Length of stay in lb 16 Years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At, Residence		Inside Limits Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) REBECCA ANN BLANTON		4. DATE OF DEATH Month October Day 13 , Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 2/18/1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Wesco Co, Mo.	
11. BIRTHPLACE (City and state or country) Wesco Co, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME David Edwards		13b. MOTHER'S MAIDEN NAME Mary Ellen Hammonds	
14. NAME OF HUSBAND OR WIFE Charles E. 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. None		17. INFORMANT Pauline Blanton, Sligo, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 7 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 ☐ No ☐ Unknown			
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 Sligo COUNTY Dent STATE Missouri	
21. I attended the deceased from 1945 to 10-13-63 and last saw her alive on 10-7-63		Death occurred at 4:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J. D. Smith, Jr. (Degree or title)		22b. ADDRESS Salem, Mo.	
22c. DATE SIGNED 10-14-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 15, 1963	23c. NAME OF CEMETERY OR CREMATORY Sligo Cemetery	
23d. LOCATION (City, town, or county) Dent County, Missouri		(State)	
24. FUNERAL DIRECTOR Spencer Funeral Home, Salem, Mo.		25. DATE RECD. BY LOCAL REG. 10-14-63	
26. REGISTRAR'S SIGNATURE M. M. Smith, M.D. by A.M.			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 24 1963

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

Stephen E. Allison

Licensed Embalmer No. 5181

P. O. Address Salem, 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.