

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042661

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 16

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 5 1963

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) Benton Township		c. CITY OR TOWN Piedmont	
c. FULL NAME OF (If NOT in hospital, give location) Home		d. STREET ADDRESS (If outside, give location) R.R. 2	

3. NAME OF DECEASED (Type or print) Stanley Johnson Blandin			4. DATE OF DEATH Month October Day 28 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH Nov. 20-97	9. AGE (last birthday) 65	10. IF UNDER 1 YEAR Months 11 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store		11. BIRTHPLACE (City and state or country) Rutland, Ill.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Fremont Blandin		13b. MOTHER'S MAIDEN NAME Mae Stanley	
14. NAME OF HUSBAND OR WIFE Ruth Blandin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes War I		16. SOCIAL SECURITY NO. 341-05-2525	
17. INFORMANT Mrs Ruth Blandin		18. ADDRESS Piedmont, Mo.		19. ADDRESS Piedmont, 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) coronary thrombosis 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	
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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 7:45 a.m. AM Month, Day, Year 1961	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		COUNTY	STATE
21. I attended the deceased from 1961 to 10-28-63 and last saw her alive on 10/25/63 Death occurred at 7:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John H. Line M.D.		22b. ADDRESS Piedmont, Mo		22c. DATE SIGNED 10/29/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-30-63	23c. NAME OF CEMETERY OR CREMATORY Rutland Cemetery		23d. LOCATION (City, town, or county) Rutland Illinois	
24. FUNERAL DIRECTOR William Loder		25. DATE RECD. BY LOCAL REG. Oct. 29, 1963		26. REGISTRAR'S SIGNATURE Shirley Lawrence	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 7 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 Cedar Funeral Home, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William Cook

Licensed Embalmer No.

3723

P. O. Address

Piedmont 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.