

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049061

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 5988 Registrar's No. _____

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 8 1964

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elm Township</u>		c. CITY OR TOWN <u>Novinger</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 S. E. of Martinsburg</u>		d. STREET ADDRESS (If outside, give location) <u>Novinger</u>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Viola</u> Last <u>Bland</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>25</u> Year <u>'63</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>1-29-1870</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 _____	
11. BIRTHPLACE (City and state or country) <u>Putnam County Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Joseph Caswell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Frances Jeter</u>	
13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew Bland</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Dale Cooley</u> Address <u>Novinger 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) <u>Myocardial Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypostatic Pneumonia</u> DUE TO (c) <u>Congestive Heart Failure</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture Right Hip 9/15/63</u> 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.) <u>Slipped on floor at home & fell</u>	
20c. TIME OF INJURY <u>10 a.m.</u> Month, Day, Year <u>9/15/63</u>		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.) <u>In Home</u>		20f. CITY, TOWN, OR LOCATION <u>R.F.D. Novinger Putnam Mo.</u>	
21. I attended the deceased from <u>8/23/50</u> to <u>12/25/63</u> and last saw her alive on <u>12/24/63</u> Death occurred at <u>4</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edward M. Roberts R.C.</u>		22b. ADDRESS <u>Queen City, Mo.</u>	
22c. DATE SIGNED <u>12/29/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Dec 28 63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Buster Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Martinsburg Mo</u>		23e. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	
24. FUNERAL DIRECTOR <u>Darby Fun Home</u>		25. DATE RECD. BY LOCAL REG. <u>12-30-63</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

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

Jack V. Cook

Licensed Embalmer No.

4619

P. O. Address

Quincy City 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.