

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30117**

No. 300
10.48

1950 OCT 11

BIRTH NO. _____ REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **5562** Registrar's No. **30**

470
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Quadia		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Quadia 0470	
c. LENGTH OF STAY (In this place) 2 mos 16 ds		d. STREET ADDRESS (If rural, give location) 1 1/2 miles East on Highway 70	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Home for aged Baptists			
3. NAME OF DECEASED a. (First) Lillie		b. (Middle)	c. (Last) Blancett
4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 Feb. 9, 1870	8. DATE OF BIRTH Feb. 9, 1870
9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 7 Days 27	IF UNDER 24 HRS. Hours 0 Min. 0	12. CITIZEN OF WHAT COUNTRY? U. S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Her home	11. BIRTHPLACE (State or foreign country) Pocahontas, Mo.
13a. FATHER'S NAME James McKee	13b. MOTHER'S MAIDEN NAME Lillie R. McKee	14. NAME OF HUSBAND OR WIFE Blancett Donat (known initials)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME J. H. Burney, Ironton, Mo. ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Myocarditis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:22 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Chas. H. Howell (Degree or title)		23b. ADDRESS Colon 3 Ironton Mo.	23c. DATE SIGNED 10-4-51
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. Oct. 6, 1951	REGISTRAR'S SIGNATURE Miss. Lewis Jones 128	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

DEC 3 1951

RECEIVED

OCT 8 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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
Student Embalmer

Signed *Amos J. White*

Licensed Embalmer No. *3412*

P. O. Address *Winston Salem*

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 this body is not embalmed, fact should be so stated above.