

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36740**

Registrar's No. **96**

FILED OCT 30 1956

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 2075		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) Dexter		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Dexter		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence				e. STREET ADDRESS (If rural, give location) 21 West McCollum 10310			
3. NAME OF DECEASED (Type or Print) a. (First) Mattie			b. (Middle) Katherine		c. (Last) Blancett		4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 21, 1878		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 11 Days 21	IF UNDER 24 HRS. Hour 1 Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired house-keeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Shelby County, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Samuel W. Anderson		13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Reed		14. NAME OF HUSBAND OR WIFE U. G. Blancett, (Dec'd)			
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 ADDRESS Mrs. L. J. Eades, Dexter, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exact cause unknown. Believed to be of natural causes, probably due to coronary occlusion. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) to DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1				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 Unknown , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ray W. Rainey Coroner				23b. ADDRESS Dexter, Missouri		23c. DATE SIGNED 10-17-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-17-1956	24c. NAME OF CEMETERY OR CREMATORY Harper		24d. LOCATION (City, town, or county) (State) R.F.D. #2, Dexter, Mo.		
DATE REC'D BY LOCAL REG. 10-22-56		REGISTRAR'S SIGNATURE Velma U. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

109-0

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Body not Embalmed