

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35586

State File No. _____

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 984-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> c. LENGTH OF STAY (In this place) <u>5 days</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seligman</u> 0050 d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>LEE</u> c. (Last) <u>BLANSETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28, 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 9, 1881</u>
9. AGE (In years last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>construction</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>Minnie Blansett</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>F. B. Blansett-Fulton, Missouri</u>	
MEDICAL CERTIFICATION			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asthma, chronic, bronchial</u> DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Silicosis</u>		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>241X Cx</u>	
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 <u>10-23, 1953, to 10-28, 1953</u>, that I last saw the deceased alive on <u>10-28, 1953</u>, and that death occurred at <u>6p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F. B. Blansett, M.D.</u>		23b. ADDRESS <u>609 Cherry</u>	
23c. DATE SIGNED <u>10/30/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
<u>Removal</u>		24b. DATE <u>10-28-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Cassville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-3-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul D. Hubert - Cassville Mo</u>		_____	

(Licensed Embalmer's Statement on Reverse Side)

WITH PLAINLY-USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
0-48

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 Paul D. Henfest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.