

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7118

State File No.

No. 300
10-48

FILED FEB 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>372</u>		PRIMARY REG. DIST. NO. <u>4543</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEYMOIR</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEYMOIR MO</u> d. STREET ADDRESS (If rural, give location) <u>1120</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATIE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>BLANSETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>15</u> <u>52</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>12-12-1885</u>	
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>		IF UNDER 2 HRS. Hours <u>1</u> Min. <u>13</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>			11. BIRTHPLACE (State or foreign country) <u>ROLLA MO PHELPS CO</u>	
12. COUNTRY OF WHAT CITIZENRY? <u>U.S.A</u>							
13a. FATHER'S NAME <u>CHARLES TOTSCH</u>			13b. MOTHER'S MAIDEN NAME <u>LOUISE RABENAU</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM D BLANSETT</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. WILL CHILDRESS SEYMOIR MO</u>			
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) <u>INSUFFICIENCY, MYOCARDIAL, ACUTE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DIABETES MELLITIS, CHRONIC.</u> DUE TO (c) <u>SENILITY, AND GENERAL</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DEBILITY.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>DAYS</u> <u>5 YRS.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>					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) (Min.)		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 <u>46</u> , to <u>FEB. 1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>FEB. 1</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>NIANGUA, MO.</u>		23c. DATE SIGNED <u>FEB 11 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FORDLAND</u>		24d. LOCATION (City, town, or county) (State) <u>FORDLAND MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-12-52</u>		REGISTRAR'S SIGNATURE <u>Gilbert Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kelly Farrell Bergman Seymour MO</u>			

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

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 *K K Kelley*

Licensed Embalmer No. *3334*

P. O. Address *Fairland mo*

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.