

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

380

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>47</u>	PRIMARY REG. DIST. NO. <u>3008</u>	Registrar's No. <u>17</u>
1. PLACE OF DEATH a. COUNTY <u>Callaway 3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Randolph</u>		
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (If this place) <u>4 days</u>	c. CITY OR TOWN <u>Moberly</u>	d. Is 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 <u>State Hosp. #1</u>		e. STREET ADDRESS (If rural, city location) <u>421 Monroe 0882</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u> b. (Middle) <u>Earl</u> c. (Last) <u>Blansett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-12-1923</u>	9. AGE (In years last birthday) <u>31</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Howard Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Oscar Blansett</u>		13b. MOTHER'S MAIDEN NAME <u>Kay Major</u>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hosp. Recd. Fulton, Mo</u> 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) <u>Pericarditis</u>		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia - undetermined origin</u> DUE TO (c) <u>Pseudo hypertrophic muscular dystrophy</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>7441</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) _____	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>1-25, 1955</u> , to <u>1-29, 1955</u> , that I last saw the deceased alive on <u>1-28, 1955</u> , and that death occurred at <u>6:30 Am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Wm. J. Cramer M.D. O</u>		23b. ADDRESS <u>State Hosp. Fulton</u>		23c. DATE SIGNED <u>1-29-55</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 31 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highbee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Highbee Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 29 - 1955</u>	REGISTRAR'S SIGNATURE <u>Marjette Lawrence</u>	426-	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cater Funeral Home Moberly Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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.....
Signature of Student Embalmer

Signed *Jerry R. Carter*.....
Licensed Embalmer No. *17906*

P. O. Address *Mt. Airy, N.C.*.....

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.