

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7821

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Mo		d. STREET ADDRESS (If rural, give location) Ozark Mo	

3. NAME OF DECEASED (Type or Print) John C Blansit			4. DATE OF DEATH (Month) (Day) (Year) Feb 20 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1857 Nov 12, 1857	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Days	IF UNDER 6 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Alabama		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME John Blansit		13b. MOTHER'S MAIDEN NAME Eliza Jane Lee		14. NAME OF HUSBAND OR WIFE Maggie Blansit	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chester Blansit, Muncie, Kansas	

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		INTERVAL BETWEEN ONSET AND DEATH 4200 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Hemiplegia, left			
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) (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 1 Dec 1950 to 20 Feb 1951, that I last saw the deceased alive on 19 Feb 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. D. Royer (Degree or title) M. D.	23b. ADDRESS Ozark, Mo	23c. DATE SIGNED 21 Feb 51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 23, 1951	24c. NAME OF CEMETERY OR CREMATORY Selmore Cemetry
		24d. LOCATION (City, town, or county) (State) Christian Co. Mo

DATE REC'D BY LOCAL REG. Feb 8 1951	REGISTRAR'S SIGNATURE L. L. Leonard	59	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chubb Ozark, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

2220

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 13 1951

Dist. File 331-565

Date Filed 3-16-51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

T. B. Chaffin

Signed.....
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark 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.