

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14816

3

State File No. \_\_\_\_\_

MAY 13 1940  
Registration District No. 295

Primary Registration District No. 4179

Registrar's No. 66

1. PLACE OF DEATH: Franklin

(a) County \_\_\_\_\_

(b) City or town Sullivan

(c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 67 Years. (Specify whether)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Sullivan

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Elbert S. Blanton 453

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th

year 1940 hour 1 minute 45 P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alice Blanton

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 5 1872

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

67 11 5

hr. \_\_\_\_\_ min.

Immediate cause of death: Coronary Thrombosis.

9. Birthplace Sullivan Missouri

(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation General Laborer 0

Other conditions: \_\_\_\_\_

(Include pregnancy within 3 months of death)

11. Industry or business Labor

MOTHER FATHER

12. Name Alfred Blanton 9

13. Birthplace Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

Major findings: No Operation

Of operations \_\_\_\_\_

Of autopsy: None.

16. (a) Informant Mrs. Addie Prather

(b) Address 325A Boyle St. Louis, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Burial (b) Date thereof Apr. 13, '40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Missouri.

733 Died on sidewalk on way home from trip, down to \_\_\_\_\_ (Specify type of place)

While at work \_\_\_\_\_ Means of injury \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Sullivan, Missouri

19. (a) 4-13-40 (b) \_\_\_\_\_

(Date received local registrar) (Registrar's signature)

28. Signature \_\_\_\_\_ (M. D. or other)

Address Sullivan

Date signed 4-10

Duration 1 1/2 hr

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Edgar W. Laffoon*

Licensed Embalmer No. 3394

P. O. Address Sullivan, 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, above space should be left blank.**