

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11520

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>434</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> <u>03</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>8 hr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camden Point</u> <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist</u> <u>0</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>			b. (Middle) <u>Laura</u>		c. (Last) <u>Bleazard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-19-1949</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 9, 1871</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Bath Co. Ky.</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>John Webb</u>			13b. MOTHER'S MAIDEN NAME <u>Kate Moore</u>		14. NAME OF HUSBAND OR WIFE <u>J. M. Bleazard</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Press Kincaid Platte City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Lobar</u>  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. <u>Arteriosclerotic Heart Disease</u> <u>10 years</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>210</u>		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 <u>1-10</u> , 19 <u>49</u> , to <u>4-19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-19</u> , 19 <u>49</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Death or title) <u>J. S. Durham</u> <u>0</u>				23b. ADDRESS <u>M.D. Durham Mo.</u>		23c. DATE SIGNED <u>4-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Camden Point Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Point Mo.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Apr 21, 1949</u> <u>E. G. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vaughn-Aufranc</u> <u>Darbour, 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 W. R. Vaughn.....

Licensed Embalmer No. X023.....

P. O. Address Weston, 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.