

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3580**

FILED FEB 10 1950

BIRTH NO. _____		REG. DIST. NO. <b>339</b>		PRIMARY REG. DIST. NO. <b>6149</b>		Registrar's No. <b>39</b>		
1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Duck Creek)</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Duck Creek)</b>		1030		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>R.F.D. #2, Dudley, Mo.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>Allen</b> c. (Last) <b>Blunt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 2, 1950</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 28, 1877</b>		
9. AGE (In years last birthday) <b>72</b>		10. MONTHS <b>9</b>		11. DAYS <b>5</b>		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Stoddard County, Mo.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>			13a. FATHER'S NAME <b>John Blunt</b>		13b. MOTHER'S MAIDEN NAME <b>Ann James</b>		14. NAME OF HUSBAND OR WIFE <b>Violet Blunt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Violet Blunt, Dudley, Mo.</b>				
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) <b>Coronary Occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis et chronic</b> DUE TO (c) <b>myocardite</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1201</b>						
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		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 <b>Aug. 1949</b> , to <b>Jan. 2nd, 1950</b> ; that I last saw the deceased alive on <b>Dec. 24th, 1949</b> , and that death occurred at <b>5:35 pm</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>S. S. Davis</b>				23b. ADDRESS <b>422 S. Dexter</b>		23c. DATE SIGNED <b>1-10-1950</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-4-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sadlers Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo. R.F.D. #2</b>		
DATE REC'D BY LOCAL REG. <b>1-28-50</b>		REGISTRAR'S SIGNATURE <b>Glad Morgan</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Strickland-Rainey</b>		ADDRESS <b>Dexter, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 6 1950

RECEIVED

District Health Office No. 2

District File Number 250-11

Date Filed

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

*J. Stuebel*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3479

P. O. Address Dept, 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.