

5. No. 300  
EV. 10.48

FILED JUL 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22995

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5181 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <b>Cape</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape</b>	
b. CITY OR TOWN <b>Friedheim</b>		c. CITY OR TOWN <b>Friedheim</b>	
c. LENGTH OF STAY (in this place) <b>4 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Bruene Nursing Home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bruene Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>Albert</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 27, 1950</b>		
a. (First)	b. (Middle) <b>Blancett</b>		c. (Last)		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>July 22, 1867</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Night Watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cape Co. Milling Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Rockwood, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cape Gir. Co. Welfare, Cape Gir. Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes Mellitus</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <b>Cardiovascular Crisis</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>260x</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>9 9 49</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 3-9, 1949, to 6-27, 1950, that I last saw the deceased alive on 4-23, 1950, and that death occurred at 12:05 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>P. D. Playlock M.D.</b>		23b. ADDRESS <b>Oak Ridge Mo.</b>		23c. DATE SIGNED <b>7-11-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 27, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Marys Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>	

DATE REC'D BY LOCAL REGISTRY <b>July 12-50</b>		REGISTRAR'S SIGNATURE <b>D. S. Schermer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Howard L. Homan Cape Gir. Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0160

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RECEIVED JUL 17 1950  
District Health Office No. 6,  
District File Number \_\_\_\_\_  
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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Howard R. Hansen

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.