

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16279**

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5476 Registrar's No. 75

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

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TINBALL <i>Lencelw</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TINDALL	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) SHERMAN c. (Last) BLANCHARD			4. DATE OF DEATH (Month) (Day) (Year) MAY 21, 1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 16, 1870	9. AGE (In years, last birthday) 81	IF UNDER 1 YEAR Months 4 Days 5
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) NEWARK KNOX CO., MISSOURI	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME ASA BLANCHARD		13b. MOTHER'S MAIDEN NAME NANCY BENTLEY		14. NAME OF HUSBAND OR WIFE SARAH SLATER BLANCHARD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS SARAH S. BLANCHARD ADDRESS TINDALL, MO.	

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) ORGANIC HEART DISEASE		II. OTHER SIGNIFICANT CONDITIONS			5YRS	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) HYPERTENSION				
		DUE TO (c)				
		Conditions contributing to the death but not related to the disease or condition causing death.				

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)		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 1946, to May 15, 1951; that I last saw the deceased alive on May 15, 1951, and that death occurred at 7:00P m., from the causes and on the date stated above.

23a. SIGNATURE E W Ewing (Degree or title) MD.		23b. ADDRESS SPICKARD, MISSOURI		23c. DATE SIGNED 5/25/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/26/51		24c. NAME OF CEMETERY OR CREMATORY MARTIN CEMETERY	
				24d. LOCATION (City, town, or county) (State) TINDALL, MISSOURI	

DATE REC'D BY LOCAL REG. 5/26/51		REGISTRAR'S SIGNATURE Gene Fair		25. FUNERAL DIRECTOR'S SIGNATURE Charles D. Simpson ADDRESS TRENTON, MISSOURI	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed..... *Charles D. Simpson*

Signed.....
Student Embalmer

Licensed Embalmer No..... **3109**

P. O. Address..... **TRENTON, MISSOURI**

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.