

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20077

0396

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

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 000	Registrar's No. 651 B
1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Carroll		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 4 1/2 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Forest 8030	
d. FULL NAME OF HOSPITAL OR INSTITUTION 519 Cherry Street		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) OLIVE b. (Middle) JOSEPHINE c. (Last) Blasngame		4. DATE OF DEATH (Month) (Day) (Year) June 30, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 12 Mar. 1861	9. AGE (in years last birthday) 91 # UNDER 1 YEAR Months # UNDER 1 Mtn. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Green Wilson		13b. MOTHER'S MAIDEN NAME Loudsky Callen	14. NAME OF HUSBAND OR WIFE John Blasngame	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE AND ADDRESS Jessie Maples, Green Forest, Ark.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS (b) or (c) Similitude Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 30 hours
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 June 15, 1952, to June 29, 1952, that I last saw the deceased alive on June 29, 1952, and that death occurred at 7:30 A.M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. Newton Wallerman M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 6-30-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 1952	24c. NAME OF CEMETERY OR CREMATORY Parker	24d. LOCATION (City, town, or county) (State) Carroll County, Arkansas	
DATE REC'D BY LOCAL REG. 7/9/52	REGISTRAR'S SIGNATURE Edith Wallerman City of Denver, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS M.C. Thomas, Springfield, Missouri		

2507 11 1944

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 Ralph H. Thorne

Licensed Embalmer No. 3681

P. O. Address Springfield, Mass.

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.