.S. No. 300
ev. 10.48

FILED SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30954

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 306

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southeast Mo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 5720
d. STREET ADDRESS (If rural, give location): Portageville 1

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) L. c. (Last) Blanchard Sr.
4. DATE OF DEATH (Month) (Day) (Year): Sept 14 1952
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 2 1877
9. AGE (In years last birthday): 74 If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Eddyville Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: William Blanchard
13b. MOTHER'S MAIDEN NAME: Sarah Justice
14. NAME OF HUSBAND OR WIFE: Myrtle Blanchard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk (If yes, give war or dates of service): unk
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S SIGNATURE OR NAME: J. L. Blanchard Jr. ADDRESS: Portageville Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) from chronic duodenal
DUE TO (c) ulcer — ?

II. OTHER SIGNIFICANT CONDITIONS
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 ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 8, 1952 *to* Sept 14, 1952, *that I last saw the deceased alive on* Sept 13, 1952, *and that death occurred at* 12:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles F. Wilson M.D. (Degree or title)
23b. ADDRESS: 714 Broadway Cape Girardeau Mo
23c. DATE SIGNED: 9-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 16 1952
24c. NAME OF CEMETERY OR CREMATORY: Portageville Cem.
24d. LOCATION (City, town, or county) (State): Portageville Mo

DATE REC'D BY LOCAL REG.: 9-22-52
REGISTRAR'S SIGNATURE: E. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: DeLisle Funeral Parlor ADDRESS: Portageville

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 24 1952

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 W. H. Estes

Signed.....
Student Embalmer

Licensed Embalmer No. 3568

P. O. Address Cape Gir 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.