

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY <i>Crawford Co.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Crawford</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Centerville</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural</i> <i>0280</i>	
c. LENGTH OF STAY (in this place) <i>2 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>Bryman</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bryman</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Nora</i> b. (Middle) <i>Jane</i> c. (Last) <i>Blount</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 14 1952</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 28 1884</i>
9. AGE (In years last birthday) <i>64</i> if under 1 year: Months <i>3</i> Days <i>16</i> if under 2 hrs. Hours <i></i> Mins. <i></i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Food worker</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i></i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Washington Co. Mo.</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Benjamin Dechue</i>	
13b. MOTHER'S MAIDEN NAME <i>Katherine Manning</i>		14. NAME OF HUSBAND OR WIFE <i>Edward Blount</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i></i>		16. SOCIAL SECURITY NO. <i></i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Gene Mc Cann</i>		ADDRESS <i>St. Louis Mo</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Paralysis Rind</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Paralysis Rind</i>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Following Paralysis</i> DUE TO (c) <i>Left Rind 6 years ago</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Thrombotic cerebral blood</i>			
19a. DATE OF OPERATION <i></i>		19b. MAJOR FINDINGS OF OPERATION <i>352x</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i></i>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i></i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i></i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <i></i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <i></i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>6:30 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>W. P. Russell</i>		23b. ADDRESS <i>Katani</i>	
23c. DATE SIGNED <i>11/17/52</i>		23d. NAME OF CEMETERY OR CREMATORY <i>Bryman Cem.</i>	
23e. LOCATION (City, town, or county) (State) <i>Crawford Co. Mo</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial #</i>	
24b. DATE <i>11-16-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Bryman Cem.</i>	
24d. LOCATION (City, town, or county) (State) <i>Crawford Co. Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Mr. Luther Spahr</i>	
25. ADDRESS <i>Potosi Mo</i>		DATE REC'D BY LOCAL REG <i>12-10-52</i>	
REGISTRAR'S SIGNATURE <i>W. P. Russell</i>		76	

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Murphy L Parker

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.