No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19387

FILED JUL 13 1954

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 86

0.492

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
c. LENGTH OF STAY (In this place): 67 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1018 WEST 1ST STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
d. STREET ADDRESS (If rural, give location): 1018 WEST 1ST STREET

0.492

3. NAME OF DECEASED (Type or Print)
a. (First): CARRIE
b. (Middle): MYRA
c. (Last): BLANTON

4. DATE OF DEATH (Month) (Day) (Year): JULY 5, 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: APRIL 14, 1870
9. AGE (In years last birthday): 84 — If under 1 year: Months 2, Days 21 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: NO DATA
13b. MOTHER'S MAIDEN NAME: NO DATA
14. NAME OF HUSBAND OR WIFE: WILLIAM A. BLANTON (DECEASED)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: EARL BLANTON — ADDRESS: WEBB CITY, MISSOURI

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 14 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Arteriosclerosis

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:
4221
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* Feb 2nd, 1954, *to* July 5th, 1954, *that I last saw the deceased alive on* July 5, 1954, *and that death occurred at* 1:20 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] D.O. (Degree or title)
23b. ADDRESS: 924 N. Daugherty, N.C.
23c. DATE SIGNED: 7/6/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 7, 1954
24c. NAME OF CEMETERY OR CREMATORY: CARTERVILLE CEMETERY
24d. LOCATION (City, town, or county) (State): CARTERVILLE, MISSOURI

DATE REC'D BY LOCAL REG.: 7-6-'54
REGISTRAR'S SIGNATURE: Mrs. Madeline Dunteer
25. FUNERAL DIRECTOR'S SIGNATURE: HEDGE LEWIS FUNERAL HOME — ADDRESS: WEBB CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 12 1954
Jasper County Health Office
County File Number 529
Date Filed JUL 12 1954

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City 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.