No. 300
10.48

XC- FILED NOV 22 1954
SL#3515

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38555

BIRTH NO. ______ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10327

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

1. PLACE OF DEATH
a. COUNTY:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 915 N.Grand,St.Louis,Mo.
c. LENGTH OF STAY (in this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: CHRISTIAN
c. CITY OR TOWN: PANA
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 511 N. ELM

8128 8

3. NAME OF DECEASED (Type or Print): a. (First) Jess b. (Middle) c. (Last) Bland

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 11-25-91

9. AGE (In years last birthday): 62 — 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): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (City and State or Foreign Country): STODDART COUNTY,MISSOURI

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JESS BLAND

13b. MOTHER'S MAIDEN NAME: ELIZA BROWN

14. NAME OF HUSBAND OR WIFE: TILLIE BLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORD, ST. LOUIS, 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.*

	Cause	Interval between onset and death
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CONGESTIVE HEART FAILURE	2 MONTHS
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	ARTERIO SCLEROTIC HEART DISEASE	3 YEARS
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	HEPATIC COMA (DUE TO HEPATIC CIRRHOSIS)	

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [ ] NO [X]

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.: VA

21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

4200

22. *I hereby certify that* X *attended the deceased from* 11-4, 1954, *to* 11-13, 1954 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX *and that death occurred at* 2:35 p*m., from the causes and on the date stated above.*

23a. SIGNATURE: John M. McCarthy — JOHN M. MCCARTHY (Degree or title) M.D.

23b. ADDRESS: VAH, ST. LOUIS, MO.

23c. DATE SIGNED: 11-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify): removal-train

24b. DATE: 11/15/54

24c. NAME OF CEMETERY OR CREMATORY: Pana Cemetery

24d. LOCATION (City, town, or county) (State): Pana, Illinois

DATE REC'D BY LOCAL REG.: NOV 15 1954

REGISTRAR'S SIGNATURE: J Carl Smith MD — mkB

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Southern Funeral Home, 6322 So. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis J. Weyland Jr

Licensed Embalmer No. 4512

P. O. Address 6322 So

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.