

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15904

BIRTH NO. _____		REG. DIST. NO. 88		PRIMARY REG. DIST. NO. 5326		Registrar's No. 15					
1. PLACE OF DEATH a. COUNTY Crawford				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Crawford			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Meramec Twp.		c. LENGTH OF STAY (in this place) 12 yrs.		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4 miles E. of Steelville, Mo.				e. STREET ADDRESS (If rural, give location) 4 miles E. of Steelville, Mo.				p. 280			
3. NAME OF DECEASED (Type or Print) a. (First) LLOYD			b. (Middle) JESSE			c. (Last) BLANTON					
4. DATE OF DEATH (Month) (Day) (Year) May 20, 1956.		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 27, 1903			
9. AGE (in years) (Last birthday) 53		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Jesse Blanton			13b. MOTHER'S MAIDEN NAME Nellie Edwards			14. NAME OF HUSBAND/OR WIFE Frances Blanton					
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. 494-07-2097			17. INFORMANT'S SIGNATURE OR NAME Roy Blanton, Steelville, Mo.			ADDRESS		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation				INTERVAL BETWEEN ONSET AND DEATH 1 hour			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Coronary Thrombosis				??			
				DUE TO (c) Coronary Atherosclerosis							
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 <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)			4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 May 16, 1956, to May 20, 1956, that I last saw the deceased alive on May 18, 1956 and that death occurred at 5:00 a.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) W. D. Danner				23b. ADDRESS M. P. Steelville, Mo.				23c. DATE SIGNED 5-22-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/23/1956		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery			24d. LOCATION (City, town, or county) (State) Crawford County, Missouri.				
DATE REC'D BY LOCAL REG. 5/26/56		REGISTRAR'S SIGNATURE Mrs. Hazel Lechman Thomas			25. SUGERAL DIRECTOR'S SIGNATURE S. Herbert			ADDRESS Steelville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

80
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 05

MAY 17 1957

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.....
Signature of Student Embalmer

Signed *Thomas S. Gilbert*

Licensed Embalmer No....433

P. O. Address..Steelville.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.