

FILED APR 26 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13648
3028
Registral's No. 73

Registration District No. 157 Primary Registration District No. 3028

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Yes ☒ No ☐ TOWN Carthage				c. CITY OR TOWN Carthage 8493 Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital 49 yrs				d. STREET ADDRESS (If outside, give location) 423 Cleveland St. Residence on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First Middle Last BLANCH SUSAN KESTER				4. DATE OF DEATH Month Day Year April 12, 1957			
5. SEX female		6. COLOR OR RACE white		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH Sept 5, 1888	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife		11. BIRTHPLACE (City and state or country) Cartersville, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles D. Keck				14. MOTHER'S MAIDEN NAME Jane Thamp			
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. none		17. INFORMANT Address Gale Kester, 1718 Maple, Carthage, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Superior Mesenteric Artery Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery embolus DUE TO (c) 5702 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 7 days 5 days	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year				20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from April 5 '57 to April 12 '57 and last saw her alive on April 12 '57. Death occurred at 3:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) George H. Wood M.D.				22b. ADDRESS 304 Grant, Carthage, Mo		22c. DATE SIGNED 4-13-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4-15-57		23c. NAME OF CEMETERY OR CREMATORY Park Cemetery		23d. LOCATION (City, town, or county) (State) Carthage, Missouri	
24. FUNERAL DIRECTOR ADDRESS Knell Mortuary Carthage, Mo				25. DATE RECD. BY LOCAL REG. 4-15-57		26. REGISTRAR'S SIGNATURE Ely Clinton	

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Knell

Licensed Embalmer No. 445

P. O. Address Carthage,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.