

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000839
STATE FILE NUMBER

REG FEB 9 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Truesdale 1090
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in 1b 2 days	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		d. STREET ADDRESS none	(If outside, give location)
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Harry Middle J. Last Blanton			4. DATE OF DEATH Month Jan. Day 29, Year 1959		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 6, 1897	9. AGE (In years last birthday) 61	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm Supply Co.	11. BIRTHPLACE (City and state or country) Lincoln County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Willis F. Blanton	13b. MOTHER'S MAIDEN NAME Julia Shelker	14. NAME OF HUSBAND OR WIFE Effie Gordon Blanton
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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. 487-20-7580	17. INFORMANT Mrs. Harry J. Blanton, Truesdale, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Perforation of the Bowel at Recto-Sigmoid Junction</i> DUE TO (b) <i>Carcinoma of the Colon at Recto-Sigmoid Junction</i> causing intestinal obstruction - complete DUE TO (c) <i>causing intestinal obstruction - complete</i>	INTERVAL BETWEEN ONSET AND DEATH 154x	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 1-27-59 to 1-29-59 and last saw her alive on 1-29-59 Death occurred at 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <i>H. Walter Gorman M.D.</i> (Degree or title)	22b. ADDRESS Warrenton Mo	22c. DATE SIGNED 1-31-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-1-59	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) Warrenton, Mo.	(State)
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24. FUNERAL DIRECTOR F.W. Nieburg & Co., Warrenton, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 2/3/59	26. REGISTRAR'S SIGNATURE <i>J. L. Hillman</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1961

FEB 11

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 *John Lieberg*
Licensed Embalmer No. *3897*
P. O. Address *Warrenton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.