

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1960

108-60-031521

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 108 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Perry</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u>		c. CITY OR TOWN <u>Perryville</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perry County Memorial Hospital</u>		d. STREET ADDRESS (if outside, give location) <u>103 S. Waters</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Roy Joseph Blandford</u>			4. DATE OF DEATH Month Day Year <u>Aug. 29, 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 30, 1918</u>	9. AGE (last birthday) <u>41</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass Factory Worker-Glass</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Perry County, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>John Blandford</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Fassold</u>		14. NAME OF HUSBAND OR WIFE <u>Rita Blandford</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>Yes. W.W.2</u>		16. SOCIAL SECURITY NO. <u>489-14-0215</u>		17. INFORMANT Address <u>Mrs. Rita Blandford,</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u>		Perryville, Mo		INTERVAL BETWEEN ONSET AND DEATH <u>3:15-30 MIN</u>	
Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 5:10 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Luella M D</u>		22b. ADDRESS <u>Perryville, Mo.</u>		22c. DATE SIGNED <u>8-30-60</u>
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>	23b. DATE <u>Aug. 31, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery, Perryville, Mo.</u>	23d. LOCATION (City, town, or county) (State)	
24. FILLER DIRECTOR <u>Albert Bey, Perryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-31-60</u>	26. REGISTRAR'S SIGNATURE <u>Joe J. Zoellner</u>	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

