

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040026

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 26

FILED DEC 8 1961

DATE AMENDED

1. PLACE OF DEATH a. COUNTY <u>Audrain</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Vandalia</u> Length of stay in 1b <u>57 yrs.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> c. CITY OR TOWN <u>Vandalia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>505 S. Main</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Warren</u> Middle <u>Wilson</u> Last <u>Bland</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>30</u> Year <u>1961</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>6-15-1875</u>
9. AGE (last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Doctor</u>	11. BIRTHPLACE (City and state or country) <u>Vandalia, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13. FATHER'S NAME <u>D. L. S. Bland</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah C. Duncan</u>		14. NAME OF HUSBAND OR WIFE <u>Artie Bland</u>	
15. WAS DECEASED MEMBER OF U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>7.11.36-3.20.41</u> <u>AWG 4, 1918</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Artie Bland</u> Address <u>Vandalia, Mo.</u>

INSTEAD OF

DOCUMENT

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>Obstruction of Bowel</u> (b) <u>Carcinoma of Lung with metastasis to bowel</u> (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5-10 yrs</u>
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

SHOULD READ

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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>11-1-61</u> to <u>11-30-61</u> and last saw ^{her} him alive on <u>11-30-61</u> Death occurred at <u>2:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title) <u>Anthony Ziegler Jr. M.D.</u>	22b. ADDRESS <u>Vandalia, Mo.</u>	22c. DATE SIGNED <u>12-4-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 2, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>
23d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 6, 1961</u>
26. REGISTRAR'S SIGNATURE <u>William B. Waters Vandalia Mo</u>		(Signature)

DEC 28 1961

DEC 18 1961

DEC 29 1961

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

William B. Waters

Licensed Embalmer No.

4169

P. O. Address

Vandalia, 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.