

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **18371**

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

BIRTH NO. _____		REG. DIST. NO. 354		PRIMARY REG. DIST. NO. 6198		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived, or if in institution, residence before admission) a. STATE Mo. b. COUNTY Texas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural / Cass		c. LENGTH OF STAY (If in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		d. STREET ADDRESS (If rural, give location) 1/2 mi. S. of Solo. Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) RICHARD c. (Last) BLANKENSHIP			4. DATE OF DEATH (Month) (Day) (Year) 5 14 49				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Nov. 16, 1940	
9. AGE (In years last birthday) 8		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Solo, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Archie Blankenship			13b. MOTHER'S MAIDEN NAME Grace Wilson		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Archie Blankenship ADDRESS Solo. Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					INTERVAL BETWEEN ONSET AND DEATH 6 weeks
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 4-2 , 19 49 , to 5-14 , 19 49 , that I last saw the deceased alive on 5-14 , 19 49 , and that death occurred at 8:04 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Henry R. Rosy 2 D.O. (Degree or title)				23b. ADDRESS Houston, Mo		23c. DATE SIGNED 5-16-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-16-49		24c. NAME OF CEMETERY OR CREMATORY Solo		24d. LOCATION (City, town, or county) (State) Texas Co. Mo.	
DATE REC'D BY LOCAL REG. May 17-49		REGISTRAR'S SIGNATURE Gaynell Cunningham		25. FUNERAL DIRECTOR'S SIGNATURE Rayford W. Elliott ADDRESS Houston, Mo		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	

RECEIVED 5/26/49

District Health Officer No. 5,

District File Number 549378

Date Filed 5/31/49

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.

Signed _____
Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, TX

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 this body is not embalmed, fact should be so stated above.