

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18902

BIRTH NO.		REG. DIST. NO. 601		PRIMARY REG. DIST. NO. 4107		Registrar's No. 49			
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs		c. LENGTH OF STAY (in this place) 4 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs		d. STREET ADDRESS (If rural, give location) 216 West Martin			
d. FULL NAME OF HOSPITAL OR INSTITUTION King Nursing Home				d. STREET ADDRESS (If rural, give location) 216 West Martin					
3. NAME OF DECEASED (Type or Print) Rose Ellen Blank			a. (First)			b. (Middle)			
4. DATE OF DEATH June 21, 1949			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 9, 1866			
9. AGE (In years last birthday) 83		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Michigan			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Jux		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Chas. F. Blank			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. F. Blank, Eldorado Springs, 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) Cerebral Arteriosclerosis  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.				INTERVAL BETWEEN ONSET AND DEATH 12 days  234X	
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) m.		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 June 11, 1949, to June 21, 1949, that I last saw the deceased alive on June 11, 1949, and that death occurred at 12:45 A.M., from the causes and on the date stated above.									
23a. SIGNATURE John G. Hill (Degree or title)				23b. ADDRESS Eldorado Springs, Mo.		23c. DATE SIGNED June 20, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 22, 1949		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Moor. Okla.			
DATE REC'D BY LOCAL REG. JUNE 21, 1949		REGISTRAR'S SIGNATURE George W. Napier		FUNERAL DIRECTOR'S SIGNATURE ADDRESS per H. Knowlton, Deputy, Edwin C. Walker, Eldorado Springs, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 5-49-765

Date Filed 6-27-69

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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 .....  
Student Embalmer

Signed

*James E. Hackleman*

Licensed Embalmer No. 4533

P. O. Address

*Edwards*

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.