

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22898

State File No.

FILED JUL 21 1949

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 84

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital, D</u>		d. STREET ADDRESS (If rural, give location) <u>112 N. Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u>	b. (Middle)	c. (Last) <u>Blankenbaker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 9 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 14 1875</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	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) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Howard County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Franklin Blanbenbaker</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Elizabeth Kingsbury</u>	14. NAME OF HUSBAND OR WIFE <u>Sallie E. Arbuckle Blankenbaker</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sallie Blankenbaker, New Franklin</u>	ADDRESS <u>Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>35 days</u> <u>10 + years</u> <u>44 yr</u> <u>35 + days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - arteriosclerosis</u> <u>Cardiovascular disease</u> DUE TO (c) <u>Anemia - cause undetermined</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6-5, 1948, to 7-9, 1949, that I last saw the deceased alive on 7-9, 1948, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. M. Knott, M.D.</u> (Degree or title)	23b. ADDRESS <u>329 main, Boonville</u>	23c. DATE SIGNED <u>7-11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 11 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarks Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Howard County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 13-49</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u> <u>381</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Boller, Boonville, Mo.</u>	ADDRESS
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RECEIVED

JUL 18

District Health Officer No. 6,

District File Number _____

Date Filed 7-20-49

AUG 8 1949

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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.

Signed William W. Wood

Signed _____
Student Embalmer

Licensed Embalmer No. 4539

P. O. Address Boonville 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 this body is not embalmed, fact should be so stated above.