

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36689

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 259

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

1. PLACE OF DEATH a. COUNTY <i>Cole</i>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cole</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Jefferson City</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Jefferson City</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1012 EAST CAPITAL</i>	
3. NAME OF DECEASED (Type or Print) <i>ERNEST HENRY BLANK</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>NOV. 27-1949</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Married</i>	8. DATE OF BIRTH <i>APR. 30-1903</i>
9. AGE (In years last birthday) <i>44</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Machine Operator</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Russellville Mo.</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>John Blank</i>		13b. MOTHER'S MAIDEN NAME <i>Francis Watts</i>	
14. NAME OF HUSBAND OR WIFE <i>Thomas Blank</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>480-039151</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Thomas Blank</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Generalized Metastases</i> ANTECEDENT CAUSES <i>Malignant melanotic mole of Left Shoulder</i> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <i>5 weeks</i>		19d. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20. ADDRESS		21. ADDRESS	
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)	
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 <i>11-26, 1949</i> , to <i>11-27, 1949</i> , that I last saw the deceased alive on <i>11-27, 1949</i> , and that death occurred, at <i>7:45 a. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W. O. ...</i>		23b. ADDRESS <i>Jefferson City, Mo.</i>	
23c. DATE SIGNED <i>11/28/49</i>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24a. DATE <i>Nov. 29-49</i>		24b. NAME OF CEMETERY OR CREMATORY <i>ENLDE CEM, Russellville Mo.</i>	
24c. LOCATION (City, town, or county) (State) <i>Russellville Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>R. P. Harris MD - MR. O. ...</i>	
25. ADDRESS <i>Russellville Mo.</i>		DATE REC'D BY LOCAL REG. <i>Nov. 28-1949</i>	

RECEIVED  
NOV 30 1919  
District Health Officer No. 9,  
District File Number

**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 *G. M. Steffens*

Licensed Embalmer No. 2307

P. O. Address Runnells 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.