

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36736

State File No.

BIRTH NO.		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>4153</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rockwood</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield</u> d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Issac</u> c. (Last) <u>Blankenship</u>		4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>12</u> (Year) <u>1949</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 22 1866</u>		9. AGE (In years less birthday) <u>82</u>		10. AGE (In years less birthday) <u>10</u> Months <u>10</u> Days	
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>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Callway Blankenship</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Blankenship</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Blankenship</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sug Dodson Greenfield</u>			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive arteriosclerosis</u> DUE TO (c) <u>Cardiovascular disease</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 ☐ NO ☒		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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/11/49</u> to <u>11/11/49</u> , that I last saw the deceased alive on <u>11/11/49</u> , and that death occurred at <u>11/11/49</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. R. Cain</u>		23b. ADDRESS <u>Greenfield</u>		23c. DATE SIGNED <u>11/14/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 14 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield</u>		24d. LOCATION (City, town, or county) (State) <u>Greenfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-15-49</u>		REGISTRAR'S SIGNATURE <u>Leo L. Weir</u>		790		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison</u>	
						ADDRESS <u>Greenfield</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 21 1949

District Health Office No. 6,

District File Number 1149-1263

Date Filed 11-28-49

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer _____

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield Ind

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.