

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 24 1950

State File No. **156867**
Registrar's No. **29**

BIRTH NO. _____		REG. DIST. NO. 367		PRIMARY REG. DIST. NO. 4531		Registrar's No. 29		
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Warren				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. LENGTH OF STAY (in this place) 3 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton Mo				
d. FULL NAME OF HOSPITAL OR INSTITUTION Katy Jane Memorial				d. STREET ADDRESS (If rural, give location) 1090				
3. NAME OF DECEASED (Type or Print) Joseph Blankenship			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Apr. 10 - 1950		(Month)		(Day)		(Year)		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH June 20 - 1869		
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Franklin Co		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Tom Blankenship			13b. MOTHER'S MAIDEN NAME Not known			14. NAME OF HUSBAND OR WIFE _____		
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. none		17. INFORMANT'S SIGNATURE OR NAME Alvina Krennler Matson ADDRESS _____				
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, ashenia, etc.—it means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis with						INTERVAL BETWEEN ONSET AND DEATH none		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) longitudinal failure						49.21		
DUE TO (c) 2) Acute Atherosclerotic fibrotic						2 day		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (3) Senescent arteriosclerosis						none		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Jan 11, 1950 , to April 10, 1950 , that I last saw the deceased alive on April 9, 1950 , and that death occurred at 5:00 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Alvina Krennler Matson (Degree or title)				23b. ADDRESS Warrenton, Mo		23c. DATE SIGNED 4-10-50		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Apr. 12 - 50		24c. NAME OF CEMETERY OR CREMATORY Thomas Powell		24d. LOCATION (City, town, or county) (State) New Wilton Springs Mo		
DATE REC'D BY LOCAL REG. 4-12-50		REGISTRAR'S SIGNATURE Floyd Regan		25. FUNERAL DIRECTOR'S SIGNATURE Marvin Murchey ADDRESS Wentzville				

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

RECEIVED APR 20 1950
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 *Maria M. ...*

Licensed Embalmer No. *24618*

P. O. Address *Wentzville, 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.