

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27637

BIRTH NO. 59916-50 REG. DIST. NO. 232 PRIMARY REG. DIST. NO. 5823 Registrar's No. 55

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

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION No.			

3. NAME OF DECEASED (Type or Print) a. (First) R. C. b. (Middle) Blankinship c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept, 1 1950		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 30 1950		9. AGE (In years last birthday) IF UNDER 1 YEAR Days 3 IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Madrid, Co.	
				12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME C. C. Blankinship		13b. MOTHER'S MAIDEN NAME Lucy, Ruby.		14. NAME OF HUSBAND OR WIFE None.	
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. No.		17. INFORMANT'S SIGNATURE OR NAME C. C. Blankinship	
				ADDRESS Canalou, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emiosis			INTERVAL BETWEEN ONSET AND DEATH 7546
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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Lungs		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 8-30, 1950, to 9-1, 1950, that I last saw the deceased alive on 9-1, 1950, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE H. A. Gilbert M.D.		23b. ADDRESS Lamar Mo		23c. DATE SIGNED 9/3/50	
--------------------------------------	--	--------------------------	--	----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 2, 50		24c. NAME OF CEMETERY OR CREMATORY Mounds Cemetery	
				24d. LOCATION (City, town, or county) (State) Near New Madrid, Mo.	

DATE REC'D BY LOCAL REG. 9-16-50		REGISTRAR'S SIGNATURE Helen Louder Jones		25. FUNERAL DIRECTOR'S SIGNATURE Richards Unit, Co. New Madrid, Mo.	
-------------------------------------	--	---	--	--	--

RECEIVED

SEP 14 1950

HEALTH DEPARTMENT OFFICE

1000

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 _____

Not Embalmed.

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.