

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34381

State File No.

660
OCT 22 1951

BIRTH NO. _____		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>4324</u>		Registrar's No. <u>21-51</u>			
1. PLACE OF DEATH a. COUNTY <u>Muller</u>				2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Luscombria</u>		c. LENGTH OF STAY (in this place) <u>18</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutland - 0150</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Banphrey Hosp -</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Edward</u> c. (Last) <u>Blankenship</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15-1951</u>						
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>Nov 29 - 1878</u>			
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 30 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>agri</u>		11. BIRTHPLACE (State or foreign country) <u>Camden Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Ed Blankenship</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Francis Turkins</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Clark above</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bob Blankenship</u> ADDRESS <u>North St 12349</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Sympathetic Leucemia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>6 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE _____ (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. DATE 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 <u>6-25-51</u> , 19 <u>51</u> , to <u>10-15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-15</u> , 19 <u>51</u> , and that death occurred at <u>1:51 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. E. Humphrey D.O.</u>				23b. ADDRESS <u>Luscombria, Mo.</u>		23c. DATE SIGNED <u>10-15-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 17 - 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freedom</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>October 16, 1951</u>		REGISTRAR'S SIGNATURE <u>Mr. Richard L. Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barkou-Woolley</u> ADDRESS <u>Camden Mo</u>					

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

RECEIVED

OCT 19 1951

MILLER COUNTY HEALTH
DEPARTMENT

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 Abbi Bankson Woolery

Licensed Embalmer No. 2488 F

P. O. Address Candletown, 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.