

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23366

State File No.

05
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WRITING PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4312 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pratum MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pratum MO</u>	
c. LENGTH OF STAY (In this place) <u>Adm</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shaw Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clmer</u> b. (Middle) <u>Rome</u> c. (Last) <u>Blankenship</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-21-52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb-25 1931</u>
9. AGE (In years last birthday) <u>21</u> Months <u>4</u> Days <u>24</u>		10. AGE (In years last birthday) <u>21</u> Months <u>4</u> Days <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Pratum MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wash F Blankenship</u>		13b. MOTHER'S MAIDEN NAME <u>Kess-Awen</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wash F Blankenship</u>		ADDRESS <u>Pratum MO</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>Carcinoma of Duodenum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 mo</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Anemia</u>			
DUE TO (c) <u>Multiple infarcts</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombosed SO. tract</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	
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) (Minute)		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>Jan 1951</u> , 19 <u>51</u> , to <u>6/21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6/21</u> , 19 <u>52</u> , and that death occurred at <u>2 10 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wash F Blankenship</u>		23b. ADDRESS <u>Pratum MO</u>	
23c. DATE SIGNED <u>6-27-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-27-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wolf Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pratum MO</u>	
DATE REC'D BY LOCAL REG. <u>6-28-52</u>		REGISTRAR'S SIGNATURE <u>E. E. Evers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. K. Helchel</u>		ADDRESS <u>Pratum MO</u>	

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

Minnie L. Welchel

Licensed Embalmer No. 2277

P. O. Address Brunson 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.