

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39306

State File No. _____

FILED DEC 2 1952
BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. _____

540

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

1. PLACE OF DEATH a. COUNTY <u>Wabashette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wabashette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa Mo</u>	c. LENGTH OF STAY (In this place) <u>31 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa Mo 0540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South 3rd St.</u>		d. STREET ADDRESS (If rural, give location) <u>50-2nd St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Benjamin Curtis Blincoc</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 26 1952</u>
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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>March 23, 1866</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Undertaker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Benj. W. Blincoc</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Curtis Clara A Blincoc</u>
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Horace Blincoc</u>	ADDRESS <u>Odessa Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Senility</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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 11-12-1952 to 11-26-1952, that I last saw the deceased alive on 11-26-1952, and that death occurred at 11:29 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Death or title) <u>[Signature]</u>	23b. ADDRESS <u>Odessa Mo</u>	23c. DATE SIGNED <u>11/28/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 29, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Higginsville</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville Mo</u>
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DATE RECD BY LOCAL REG. <u>11/28/52</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u> 453	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blincoc & Sons</u>	ADDRESS <u>Odessa Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

JAN 27 1953

184000

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 *F. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *R.C. MD*

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.