S. No. 300
v. 10.48

FILED JAN 22 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2047

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Odessa
c. LENGTH OF STAY (In this place): 32 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Wells St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Odessa 0540
d. STREET ADDRESS (If rural, give location): East Wells St.

3. NAME OF DECEASED (Type or Print): a. (First) Clifton b. (Middle) R c. (Last) Blincoe

4. DATE OF DEATH (Month) (Day) (Year): Jan 10 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 19 1897
9. AGE (In years last birthday): 55 56 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Embalmer + Salesman - Furniture Undertaking
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Near Lexington Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Ben E. Blincoe
13b. MOTHER'S MAIDEN NAME: Pearle Stewart
14. NAME OF HUSBAND OR WIFE: Frank D Blincoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: 487-38-7964
17. INFORMANT'S SIGNATURE OR NAME: Horace Blincoe — ADDRESS: Odessa 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, asthenia, etc. It means the disease, injury or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Pneumonia
DUE TO (c) Myocarditis + Endocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 3-18-53
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/22/, 1952 *to* Jan 10, 1953, *that I last saw the deceased alive on* Jan 10, 1953, *and that death occurred at* 5 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): 0
23b. ADDRESS: Odessa Mo
23c. DATE SIGNED: 1-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-13-53
24c. NAME OF CEMETERY OR CREMATORY: Odessa Cem
24d. LOCATION (City, town, or county) (State): Odessa Mo

DATE REC'D BY LOCAL REG.: 1-13-53
REGISTRAR'S SIGNATURE: Emma Davidson 453
25. FUNERAL DIRECTOR'S SIGNATURE: Blincoe & Sons — ADDRESS: Odessa Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 1953

MAR 26 1953

MAR 19 1953

JUN 8 1953

JUN 9 1953

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Roy F Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 7883

P. O. Address Hogansville Ga.

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.

a/2
2-33

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MISSOURI
County of LAFAYETTE } ss.

State File No. 2047
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of MARCH, 1953, before me appears Horace Blincoe, who, upon his oath, states that the original record of ~~birth~~ death for CLIFTON R. BLINCOE, ~~born~~ died JAN 10, 1953, in the State of Missouri, and which was filed at Odessa, Mo on 1-13, 1953, should be corrected as follows:

Item No. 9 should read 55
Instead of 56

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Horace Blincoe Brother
Relationship.

Odessa, Missouri
Present Address.

Subscribed and sworn to before me this 10th day of March, 1953

My Commission expires 11-20-53

Wm. F. McNeel Notary Public.

a V. S. 135
M—8-43
I X37817