

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23632**

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **4512** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Taney	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holleston Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holleston Mo	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Nannie	b. (Middle) Belle	c. (Last) Blankenship	4. DATE OF DEATH (Month) (Day) (Year) 6-20-53
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5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb 6-1894	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Harrison Ark	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Happer	13b. MOTHER'S MAIDEN NAME Pauline Happer	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mrs Sam Nuth 2nd
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 min
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage	DUE TO (b) None known		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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 331x	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 **6/20, 1953** to **6/20, 1953** that I last saw the deceased alive on **6/20, 1953**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. T. Evans M.D.	23b. ADDRESS Brannon Mo	23c. DATE SIGNED 6/20/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 6-24-53	24c. NAME OF CEMETERY OR CREMATORY Omaha	24d. LOCATION (City, town, or county) (State) Omaha - Ark
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DATE REC'D BY LOCAL REG. 6-25-53	REGISTRAR'S SIGNATURE S E Cogswell 376	25. FEDERAL DIRECTOR'S SIGNATURE R-O Whelchel	ADDRESS Brannon Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Merris L. Whelchel

Licensed Embalmer No.

2277

P. O. Address

Princeton, 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.