

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

19498

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived, or institution: residence before death or institution) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Odessa</u>		c. CITY OR TOWN <u>Odessa</u> - <u>1540</u>	
c. LENGTH OF STAY (in this place) <u>32 yrs.</u>		d. STREET ADDRESS (if rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith 1st. St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Horace</u> c. (Last) <u>Blincoe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 26-1954</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>March-8-1896</u>
9. AGE (in years last birthday) <u>59</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>musician</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Bone Blincoe</u>	13b. MOTHER'S MAIDEN NAME <u>Pearl A. Stewart</u>	14. NAME OF HUSBAN (OR WIFE) <u>Myrtle Blincoe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>World War #1</u>	16. SOCIAL SECURITY NO. <u>487-38-796</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Blincoe</u> ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			
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. <u>Bronchitis, Chronic</u>			<u>10 yrs.</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Odessa Mo</u>	
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 <u>June 26, 1954</u> , to <u>June 26, 1954</u> , that I last saw the deceased alive on <u>June 26, 1954</u> , and that death occurred at <u>8:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. F. Haughly DO 2</u>		23b. ADDRESS <u>Odessa Mo</u>	23c. DATE SIGNED <u>6-28-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macellan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington Mo</u>
DATE REC'D BY LOCAL REG. <u>6/28/54</u>	REGISTRAR'S SIGNATURE <u>Emma David</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roy F. Weger</u>	ADDRESS <u>Higginsville Mo</u>

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

2540

JUL 14 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ray J. Wiegert

Licensed Embalmer No. 2883

P. O. Address Higginsville, 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.