

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22888**

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>38</u>							
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. LENGTH OF STAY (in this place) <u>12 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerville</u>		d. STREET ADDRESS (If rural, give location) <u>0900 /</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u>			b. (Middle) <u>CORDELIA</u>			c. (Last) <u>BLANKENSHIP</u>							
4. DATE OF DEATH <u>July 11 1954</u>			4. DATE (Month) (Day) (Year)		4. DATE (Month) (Day) (Year)		4. DATE (Month) (Day) (Year)						
5. SEX <u>fem</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 15 1925</u>		9. AGE (In years last birthday) <u>28</u>		IF UNDER 1 YEAR (Month) (Day) (Year)		IF UNDER 1 HR. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert Miller</u>				13b. MOTHER'S MAIDEN NAME <u>Violet Colyotte</u>				14. NAME OF HUSBAND OR WIFE <u>Jesse Blankenship</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Blankenship</u>				ADDRESS <u>Centerville 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>pulmonary embolism</u>								INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>delivery full term baby (ROP position)</u> DUE TO (c) <u>Post partum hemorrhage</u>								5 hours 5 hours	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>6726</u>								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) _____					
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? _____					
22. I hereby certify that I attended the deceased from <u>11-13</u> ¹⁹⁵³ to <u>7-11</u> , 1954, that I last saw the deceased alive on <u>7-11</u> , 1954, and that death occurred at <u>10:30P</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>R. E. Fairland, M.D.</u> (Degree or title)						23b. ADDRESS <u>Ironton, Missouri</u>				23c. DATE SIGNED <u>7-13-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>			24b. DATE <u>7-13-54</u>			24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Centerville Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>7/15/54</u>			REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> ¹²⁸			25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>			ADDRESS <u>Ironton Mo.</u>				

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

0470
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JUL 12 1912

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 Amos J. White

Licensed Embalmer No. 3412

P. O. Address Clinton 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.