

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21951**

FILED AUG 10 1955

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3024** Registrar's No. **65**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Fayette		c. LENGTH OF STAY (In this place) 4 days	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		STREET ADDRESS (If rural, give location) 404 W. Elm Street	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) EARL c. (Last) BLANKENBAKER			4. DATE OF DEATH (Month) (Day) (Year) Aug. 4, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/25/1870
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		9b. KIND OF BUSINESS OR INDUSTRY Own farm	9. AGE (In years last birthday) 84 IF UNDER 1 YEAR: Months 8 Days 9 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Andrew Blankenbaker	13b. MOTHER'S MAIDEN NAME Sallie Knox	14. NAME OF HUSBAND OR WIFE Mary Alice Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. Paul Blankenbaker ADDRESS Fayette, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cardio		
	DUE TO (c) Vascular Renal disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-19-55** to **8-4-55**, that I last saw the deceased alive on **8-4-55**, and that death occurred at **12:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. J. Bloom M.D. (Degree or title)	23b. ADDRESS Fayette Mo	23c. DATE SIGNED 8-6-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/6/1955	24c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cem.
24d. LOCATION (City, town, or county) (State) Fayette, Missouri		

DATE REC'D BY LOCAL REG. 8-6-55	REGISTRAR'S SIGNATURE Mary K. Shell 436	25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr ADDRESS Fayette, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 26 1958

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,, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph A. Cass*.....
Licensed Embalmer No. *33*

P. O. Address *Fayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.