

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1956

State File No. 17183

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>4461</u>		Registrar's No. <u>192</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Francois 0940</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois 0940</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Bismarck</u> )		c. LENGTH OF STAY (In this place) <u>4</u> <u>21 days</u>		c. CITY OR TOWN <u>Iron Mountain</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Colonial Rest Home</u>				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u>			b. (Middle) <u>MAE</u>		c. (Last) <u>BLANKENSHIP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1956</u>		
5. SEX <u>fem</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Aug. 26 1874</u>		9. AGE (In years less birthday) <u>81</u> IF UNDER 1 YEAR (Months) <u>8</u> (Days) <u>23</u> IF UNDER 24 HRS. (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>Reynolds Co. Mo. 0</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Parks</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Wilkins</u>			14. NAME OF HUSBAND OR WIFE <u>William H. Blankenship</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. James Kay, Iron Mountain Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>  ANTECEDENT CAUSES <u>DUE TO (b) Coronary Thrombosis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>DUE TO (c) Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>  <u>12 hrs.</u>  <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4201</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) (Min.)		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>May 7, 1956</u> , to <u>May 19, 1956</u> that I last saw the deceased alive on <u>May 19, 1956</u> and that death occurred at <u>4:03 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <u>R. A. Mendigata, M.D.</u>				23b. ADDRESS <u>Bismarck, Missouri</u>			23c. DATE SIGNED <u>May 21, 1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salem Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 21, 1956</u>		REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Iron ton Mo.</u>				
(Licensed Embalmers' Statement on Reverse Side) <u>Ansel J. White</u>									

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.....  
Signature of Student Embalmer

Signed... *Russell J. White* .....

Licensed Embalmer No. *301*

P. O. Address *Dorchester* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.