

FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1953

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5717 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give town or townships) Rural (Mountain Twp)		c. LENGTH OF STAY (In this place) 20 yrs	c. CITY OR TOWN Rt # 1 Washburn
d. FULL NAME OF HOSPITAL OR INSTITUTION 15 mi. West of Washburn		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 15 mi. west of Washburn		0600	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) DUGLAS c. (Last) BLANKENSHIP	4. DATE OF DEATH (Month) (Day) (Year) 1 19 57
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 5, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 4 Days 18	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Vermillion Co. Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank Blankenship	13b. MOTHER'S MAIDEN NAME Dilah Peterson	14. NAME OF HUSBAND OR WIFE Evelena Helen Blankenship
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs W.D. Blankenship	ADDRESS Washburn Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Regeneration		INTERVAL BETWEEN ONSET AND DEATH 6 mos 4 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma of Thorax DUE TO (b) 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	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) 191x
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1957, to Jan 19 1957, that I last saw the deceased alive on Jan 6, 1957, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Deborah D. Cassville (Degree or title)	23b. ADDRESS McDonald Co. Missouri	23c. DATE SIGNED 1-21-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-21-57	24c. NAME OF CEMETERY OR CREMATORY Roller Cemetery	24d. LOCATION (City, town, or county) (State) McDonald Co. Missouri
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DATE REC'D BY LOCAL REG. Feb 11, 1957	REGISTRAR'S SIGNATURE D. E. Plummer	25. FUNERAL DIRECTOR'S SIGNATURE W. Williamson	ADDRESS Williamson Chapel Cassville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 [Signature] Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No. _____

P. O. Address Cassville

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.