

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15624

STATE FILE NUMBER

FILED APR 29 1957

317

Primary Registration District No. 547

Registrar's No. 899

Health,  
& Welfare  
Public  
Service

300  
1-56

securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK-INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights,</b>		c. CITY OR TOWN <b>West Plains</b> <span style="float:right">046</span>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Route Lebo</b>	
3. NAME OF DECEASED (Type or print) First <b>Ruel</b> Middle <b>B.</b> Last <b>Blankenship</b>		4. DATE OF DEATH <b>April 3, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 2, 1914</b>
9. AGE (In years last birthday) <b>42</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attendant</b>	11. BIRTHPLACE (City and state or country) <b>Okean, Arkansas</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attendant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Funeral Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>W. J. Blankenship</b>		14. MOTHER'S MAIDEN NAME <b>Lacy Galbreath</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>W. W. # 2</b>	17. INFORMANT <b>Gene Blankenship, West Plains, Mo.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral embolus</b> DUE TO (b) <b>Subacute Bacterial Endocarditis</b> DUE TO (c) <b>Rheumatic heart disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b> <b>4 weeks</b> <b>25 years</b>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4/6 X</b>
20c. TIME OF INJURY Hour <b>7:22</b> Month <b>10</b> Day <b>10</b> Year <b>1957</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>West Plains, Mo.</b>
21. I attended the deceased from <b>Aug 8 1957</b> to <b>April 3 1957</b> and last saw her alive on <b>April 3 1957</b> Death occurred at <b>7:22 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James C Redington Jr M.D.</b>		22b. ADDRESS <b>4161 Lindell Blvd</b>	22c. DATE SIGNED <b>4-4-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4-4-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	23d. LOCATION (City, town, or county) (State) <b>West Plains, Mo.</b>
24. FUNERAL DIRECTOR <b>Albert H. Hoppe</b>		25. DATE RECD. BY LOCAL REG. <b>4-4-57</b>	26. REGISTRAR'S SIGNATURE <b>Herbert A. Dambly</b>

(Licensed Embalmer's Statement on Reverse Side)

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