Health, Welfare Public Service

300 -57

FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4189

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 6206 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Texas	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Jackson Township — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Jackson Township 1070 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b 27 years	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Henry	Middle: E.	Last: Blankenship	4. DATE OF DEATH Month Day Year: February 1, 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	8. DATE OF BIRTH: Feb. 14, 1881
9. AGE (In years last birthday): 76	IF UNDER 1 YEAR Months: 11 Days: 17	IF UNDER 24 HRS. Hours: Min.:	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY: FArming	11. BIRTHPLACE (City and state or country): Oregon County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Manuel Scott Blankenship	13b. MOTHER'S MAIDEN NAME: Mary Grissom	14. NAME OF HUSBAND OR WIFE:	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Andy P. Johnson, Raymondville, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremic Acidosis	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Degenerative heart disease	20 yrs.
DUE TO (c)	Arteriosclerosis	30 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Hypertrophic Osteoarthritis 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 15, 1958, to Feb 1, 1958 and last saw her/him alive on Jan 30, 1958

Death occurred at 5:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank A. Elders, M.D.	22b. ADDRESS: Houston, Mo.	22c. DATE SIGNED: 2-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Feb. 3, 1958	23c. NAME OF CEMETERY OR CREMATORY: Norman Cemetery
23d. LOCATION (City, town, or county) (State): Oregon County, Missouri		
24. FUNERAL DIRECTOR: Leland Carter	ADDRESS: Thayer Mo	25. DATE RECD. BY LOCAL REG.: Feb. 4-58
26. REGISTRAR'S SIGNATURE: Myrtie Craig		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

FEB 14 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, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Leland Carter

Licensed Embalmer No. 4516

P. O. Address Thayer 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.