

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009810  
STATE FILE NUMBER  
1409

FILED APR 2 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1409

300  
-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3949 WARWICK BLVD.</b>		Length of stay in lb <b>34 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>3949 WARWICK BLVD.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ERNEST</b> Middle <b>ROY</b> Last <b>BLANKENSHIP</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>16</b> Year <b>1958</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>JULY 21, 1903</b>		9. AGE (In years last birthday) <b>54</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BARBER - OWN SHOP</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PARTNERSHIP</b>		11. BIRTHPLACE (City and state or country) <b>PIPER, KANSAS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JAMES G. BLANKENSHIP</b>		13b. MOTHER'S MAIDEN NAME <b>MARY E. HYMER</b>	
14. NAME OF HUSBAND OR WIFE <b>VIOLA M. BLANKENSHIP</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486-03-6073</b>	
17. INFORMANT <b>MRS. VIOLA M. BLANKENSHIP</b>		Address <b>3949 WARWICK BLVD. KANSAS CITY, 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>Bullet Wound Mouth</b> DUE TO (b) <b>Head</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury for PART I or PART II of item 18.) <b>Apparently self inflicted</b>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. <b>3:16 58</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
20f. CITY, TOWN, OR LOCATION <b>KANSAS CITY</b>		COUNTY <b>JACKSON</b>		STATE <b>MO</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>12:29 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Neva M. Minchell</b>		(Degree or title) <b>3</b>		22b. ADDRESS <b>1034 North Blvd</b>	
22c. DATE SIGNED <b>3-17-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>MAR. 19, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>		23d. LOCATION (City, town, or county) <b>KANSAS CITY</b>		(State) <b>MISSOURI</b>	
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>		ADDRESS <b>1331 BRUSH CREEK K.C., MO</b>		25. DATE RECD. BY LOCAL REG. <b>3-18-58</b>	
26. REGISTRAR'S SIGNATURE <b>neva minchell</b>					

OWENS USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Albert H. Sava*

Licensed Embalmer No. *2812*  
P. O. Address *Kansas City*

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.