

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032208

STATE FILE NUMBER

OCT 15 1958

Registration District No.

99

Primary Registration District No.

5375

Registrar's No.

64

S. 300
v. 1-57

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|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY DeKalb | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY DeKalb | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Dallas Sup OR TOWN Santa Rosa Mo | | c. CITY OR TOWN Dallas Sup Santa Rosa Mo | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| Length of stay in lb 15 Yrs | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First VILENA Middle BLANKENSHIP Last BLANKENSHIP | | 4. DATE OF DEATH Month Oct. Day 2 Year 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 19 1873 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 85 |
| 11. BIRTHPLACE (City and state or country) Davies County Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Freeland Boyer | | 13b. MOTHER'S MAIDEN NAME Elizabeth Creekmore | |
| 14. NAME OF HUSBAND OR WIFE E.L. Blankenship | | 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. | | 17. INFORMANT E.L. Blankenship, Pattonsburg Mo. R F D | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Endocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4214 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 |
| 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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20d. INJURY OCCURRED WHILE AT <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 Maysville Mo | |
| 21. I attended the deceased from Death occurred at 7:10 P. M. on the date stated above; and to the best of my knowledge, from the causes stated. | | 22. ADDRESS Maysville Mo | |
| 22a. SIGNATURE Harold Taylor M.D. | | 22b. DATE SIGNED 10/4-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 10/5-58 | |
| 23c. NAME OF CEMETERY OR CREMATORY Muddy | | 23d. LOCATION (City, town, or county) (State) Pattonsburg Mo (Rural) | |
| 24. FUNERAL DIRECTOR Pilcher Funeral Home | | 25. DATE RECD. BY LOCAL REG. 10-4-58 | |
| ADDRESS Maysville Mo | | 26. REGISTRAR'S SIGNATURE Roscoe Harrison | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

OCT 29 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 _____
C. T. Silcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.