

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039660

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 152

5. 300 0
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chillicothe 05920
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Reid Hospital		Length of stay in lb 3 hrs.	d. STREET ADDRESS (If outside, give location) 333 Graves St.
3. NAME OF DECEASED (Type or print) First Rolla Middle (No Name) Last Blankenship			4. DATE OF DEATH Month Nov. Day 27 Year 1958
5. SEX Male 0	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 30 May 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman		10b. KIND OF BUSINESS OR INDUSTRY Telephone	9. AGE (In years last birthday) 65 F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Pattonburg, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Blankenship		13b. MOTHER'S MAIDEN NAME Jane Harris	
14. NAME OF HUSBAND OR WIFE Vertie C. Blankenship		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES World War I	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Vertie C. Blankenship Chillicothe, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures, hemorrhage and shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (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)			INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input checked="" 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.) Patient driver of car that hit bridge west of Coffey, Mo. on State road N.		20c. TIME OF INJURY Hour 5:15 P.M. Month 11- Day 27- Year 58	
20d. INJURY OCCURRED WHILE AT WORK <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.) Highway	
20f. CITY, TOWN, OR LOCATION West of Coffey, Mo		COUNTY Daviess STATE Mo	
21. I attended the deceased from 11-27-58 to 11-27-58 and last saw him alive on 11-27-58 Death occurred at 9:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) G. H. Shroyer D.O. 2		22b. ADDRESS Bethany, Mo.	
22c. DATE SIGNED 11-28-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Nov 28, 1958	
23b. NAME OF CEMETERY OR CREMATORY Norman Funeral Home		23c. LOCATION (City, town, or county) (State) Chillicothe Missouri	
24. FUNERAL DIRECTOR ADDRESS W. George Able Bethany, Missouri		25. DATE RECD. BY LOCAL REG. 11-28-1958	
26. REGISTRAR'S SIGNATURE Zella Mayes			

(Licensed Embalmer's Statement on Reverse Side)

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 *William George Noble*

Licensed Embalmer No. *4987*
P. O. Address *Bethany, Missouri*

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.