

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046958

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 352 Primary Registration District No. 6187 Registrar's No. 108

300
-57

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Protem</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Protem</u> <u>1060</u> 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home</u>		Length of stay in lb <u>years</u>	d. STREET ADDRESS (If outside, give location) <u>rural</u>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>ST.</u> Middle <u>ELMO</u> Last <u>BLANKENSHIP</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>17</u> Year <u>1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 11, 1911</u>		9. AGE (In years last birthday) <u>47</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Ed Blankenship</u>		13b. MOTHER'S MAIDEN NAME <u>Lourancy Derrick</u>		14. NAME OF HUSBAND OR WIFE <u>Algia Blankenship</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Mrs Algia Blankenship Protom, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>gunshot wound in forehead</u>			INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>suicide</u>			
DUE TO (c) <u>unknown</u>			
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"/> <u>2</u>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>shot himself in head with pistol</u>	
20c. TIME OF INJURY Hour <u>6:45</u> Month, Day, Year <u>Dec. 17, 1958</u>			

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.) <u>home</u>		20f. CITY, TOWN, OR LOCATION <u>Protom</u>		COUNTY <u>Taney</u>		STATE <u>Missouri</u>	
21. I attended the deceased from Death occurred at <u>6:45 am</u>		to <u>12-17-1958</u>		and last saw him <u>alive</u> on <u>12-17-1958</u>		and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Walter S. Cobb</u> (Degree or title) <u>Coroner Taney</u>			22b. ADDRESS <u>Forsyth, Mo</u>			22c. DATE SIGNED <u>12-18-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>12-20-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Wolf Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Protom, Mo</u>		

24. FUNERAL DIRECTOR <u>W.S. Cobb</u>		ADDRESS <u>Forsyth, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-20-58</u>		26. REGISTRAR'S SIGNATURE <u>Helen Campbell</u>	
--	--	-------------------------------	--	---	--	--	--

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 *Walter S. Cobb*

Licensed Embalmer No. *4731*
P. O. Address *Forayth*

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.