

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. AUG 8 1960

=60-026274

INDEXED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 276

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>MILLER</u>					
b. CITY (If outside corporate limits, give TOWNSHIP) OR TOWN <u>JEFFERSON City</u>		Length of stay in 1b <u>1 week</u>		c. CITY OR TOWN <u>KAISER</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>GLAIZE Township</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH TRUMAN BLANKENSHIP</u>				4. DATE OF DEATH Month Day Year <u>AUG. 4 1960</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>4-6-1894</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
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>---</u>		11. BIRTHPLACE (City and state or country) <u>Tuscumbia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>		
13a. FATHER'S NAME <u>William T. Blankenship</u>			13b. MOTHER'S MAIDEN NAME <u>MARY C. WOLVERTON</u>			14. NAME OF HUSBAND OR WIFE <u>IREANNAH 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>497-14-7282</u>		17. INFORMANT <u>MRS. J.T. BLANKENSHIP</u>		Address <u>KAISER, 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>Interstitial pancreatitis &amp; fat necrosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>		
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) <u>Suprapubic prostatectomy, recent - 6 days.</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. _____	Month, Day, Year <u>7-22-1960</u>								
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.)		20f. CITY, TOWN, OR LOCATION <u>JEFFERSON City, Mo.</u>		COUNTY <u>MILLER</u>		STATE <u>MO.</u>	
21. I attended the deceased from <u>7-22-1960</u> to <u>4 Aug 1960</u> and last saw <sup>her</sup> him alive on <u>4 August 1960</u>				Death occurred at <u>10:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>E. D. Sugarbaker MD / Fred P. Hinder MD</u>				22b. ADDRESS <u>Jefferson City, Mo.</u>			22c. DATE SIGNED <u>4 Aug 60.</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-7-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dooley</u>		23d. LOCATION (City, town, or county) (State) <u>Eldon MO.</u>					
24. FUNERAL DIRECTOR <u>Louis D. Phillips</u>			ADDRESS <u>Eldon, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>6 August 1960</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Davis, MD - Richter Reg.</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 31 1960  
3103

0961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Elkhart

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.