MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

137-61-028003
STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 132

FILED JUL 24 1961

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route # 2
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First OLIVER Middle HERSCHEL Last BLANKENSHIP
4. DATE OF DEATH Month 7 Day 14 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-21-1900
9. AGE (last birthday) 60
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Maintenance
10b. KIND OF BUSINESS OR INDUSTRY - - - - - - - - -
11. BIRTHPLACE (City and state or country) Oregon County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Blankenship
13b. MOTHER'S MAIDEN NAME Mimi Frey
14. NAME OF HUSBAND OR WIFE Evelyn Blankenship
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO.
17. INFORMANT Evelyn Nlankenship Address Poplar Bluff Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Brain injury — INTERVAL BETWEEN ONSET AND DEATH 3 day.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Skull fracture Left parietal area. — 3 days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fire extinguisher blew up -
20c. TIME OF INJURY Hour 11:~~5~~ a.m. Month, Day, Year July 12 1961
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-July-61 to 14-July-61 and last saw her/him alive on July-14-1961
Death occurred at 9:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. B. Thompson M.D. (Degree or title)
22b. ADDRESS Sikeston, Mo.
22c. DATE SIGNED 16 July 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-16-1961
23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens Cemetery
23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
24. FUNERAL DIRECTOR ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG. 7-20-61
26. REGISTRAR'S SIGNATURE Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

AUG 1 1961

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 Philip J. Cassedy

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff, 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.