

MI

DEPAR

V.S. No. 300

REV. 10-48

FILED MAY 22 1962

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-62-021641

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 4/59

1 1010

2 1010

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4 0

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9 9140

10 22

11 101

12 90-0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1016

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 336		Registrar's No. 150	
1. PLACE OF DEATH a. COUNTY SHANNON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY SHANNON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WINONA		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WINONA		1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION 916 5 miles west of Winona				d. STREET ADDRESS (If rural, give location) 5 miles West of Winona			
3. NAME OF DECEASED (Type or Print) a. (First) Jerry		b. (Middle) Dale		c. (Last) Blankall		4. DATE OF DEATH (Month) (Day) (Year) May 15, 1962	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Aug. 12, 1960	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Winona, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Earl Blankall		13b. MOTHER'S MAIDEN NAME June Culpepper		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Earl Blankall, Winona, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACCIDENTAL ELECTROCUTION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ELECTRIC CURRENT DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9140 22	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) WINONA MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from MAY 15, 1962, to MAY 15, 1962, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. D. Rollins M.D.				23b. ADDRESS Winona, Mo.		23c. DATE SIGNED 5/17-62	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 12, 1962		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		24d. LOCATION (City, town, or county) (State) Winona, Mo.	
DATE REC'D BY LOCAL REG. May 11, 62		REGISTRAR'S SIGNATURE Maureen Reel		25. FUNERAL DIRECTOR'S SIGNATURE Clay Funeral Home, Winona, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

1-0

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 _____
Student Embalmer

Signed

Ernest E. Clay

Licensed Embalmer No. *5118*

P. O. Address *Winona, 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 this body is not embalmed, fact should be so stated above.