

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027497

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 350

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 17 1962**

1. PLACE OF DEATH  
 a. COUNTY **Jasper**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Joplin** Length of stay in lb **2 mos**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Freeman Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Oklahoma** b. COUNTY **Ottawa**  
 c. CITY OR TOWN **Picher** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **106 N. Alice Street** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
**MARTHA AGNES BLANKENSHIP**

4. DATE OF DEATH Month Day Year  
**July 6, 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **10-29-1889** 9. AGE (last birthday) **72** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Moses P. Samuels** 13b. MOTHER'S MAIDEN NAME **Susan Chafin** 14. NAME OF HUSBAND OR WIFE **Marshall Blankenship**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Marshall Blankenship, Picher, Okla** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Cerebrovascular accident** INTERVAL BETWEEN ONSET AND DEATH **1 hr**  
 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)  
**Metastatic Carcinoma tongue - to lungs**

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.)  
 20c. TIME OF INJURY Hour Month, Day, Year  
 a.m. p.m.

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 **May 17, 62** to **July 6, 62** and last saw her alive on **July 6, 62**  
 Death occurred at **11:15 A. M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) **Norman H. Samuels** 22b. ADDRESS **205 medical bldg Joplin** 22c. DATE SIGNED **7-9-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7-9-1962** 23c. NAME OF CEMETERY OR CREMATORY **Picher, Okla** 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS **Thornhill-Dillon Mortuary, Joplin, Mo.** 25. DATE RECD. BY LOCAL REG. **7-11-1962** 26. REGISTRAR'S SIGNATURE **Dove Merriam**

VS 300 Rev. 4/59  
 1 0499  
 2 8950  
 3  
 4 1  
 5 1  
 6  
 7 0  
 8 1  
 9 9331X#  
 10  
 11  
 12 4-0  
 13 2-0

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Tracy McCurdy

Licensed Embalmer No. 5125

P. O. Address Joplin, 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.