

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005766

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. MM

Primary Registration District No. 3016

Registrar's No. 89

FILED MAR 8 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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> b. COUNTY <u>Miller</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Jefferson-City</u> Length of stay in lb <u>3 days</u>		c. CITY OR TOWN <u>ELDON-</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>Blue-Springs-</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ralph</u> Middle <u>Montgomery</u> Last <u>Blankenship</u>		4. DATE OF DEATH Month <u>MARCH-</u> Day <u>2-</u> Year <u>1963</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>20-Nov-1890</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>Gen-Farming</u>	11. BIRTHPLACE (City and state or country) <u>Miller-Co-Mo</u>
13a. FATHER'S NAME <u>Ruben-Blankenship</u>		14. NAME OF HUSBAND OR WIFE <u>ROSA-BLANKENSHIP</u>	
13b. MOTHER'S MAIDEN NAME <u>LAURA-ST RANG</u>		17. INFORMANT <u>Rosa-Blankenship - Eldon-Mo</u>	
18. CAUSE OF DEATH (Enter only one cause for Part I. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>7 days 4 yrs.</u>	
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. <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>None</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	20f. CITY, TOWN, OR LOCATION <u>None</u> COUNTY _____ STATE _____
21. I attended the deceased from <u>Oct. 3, 1956</u> to <u>MAR. 2, 1963</u> and last saw him alive on <u>Feb. 27, 1963</u> Death occurred at <u>2:10 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert E. Mason</u> (Degree or title)		22b. ADDRESS <u>DO LAKE-OZARK. Mo</u>	
22c. DATE SIGNED <u>3 MAR-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL-</u>	23b. DATE <u>3 MARCH-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue-Springs-</u>	23d. LOCATION (City, town, or county) <u>Miller-Co-Mo</u>
24. FUNERAL DIRECTOR <u>Keith-M-Kays</u> ADDRESS <u>ELDON-Mo</u>		25. DATE RECD BY LOCAL REG. <u>4 March 1963</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Harrison - M. Richter, Dep.</u>

USE BLACK INK OR TYPEWRITER RIBBON

APR 3 1963

RECEIVED

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 *Keith McKay*

Licensed Embalmer No. 3998

P. O. Address Eldon 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.