MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

863-023578

DO NOT WRITE ON THIS STUB		AMEND	ED	Registration District No. Primary Registration District No. 22 12 Registrar's No. STATE FILE NUMBER
				1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
VS 300	وا	1 1		a. COUNTY Cedar admission)
Rev. 4/59			1	b. CITY (if outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY
	AMENDED			TOWN Washington Twp. Town Humansville Yes D Nogo
10200	ૄ[≷			4 C. PULL NAME OF 11 NOT IN NOTICE CONTROL I INSIDE LIMITE I D. NIKEEL It outside nive incetion) I Deside on Earth
	DATE			HOSPITAL OR 5 Miles N. Stockton Yes No M Rt. #3
20200	P	 ∙	\Box	
3 1			1	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) TIGGT TE TROOT ADD DECEASED OF
4 -				LESLIE LEONARD BLANKENSHIP DEATH June 10, 1963
<u> </u>			1 1	5. SEX 6. COLOR OR RACE 7. Married 18. Never Married 18. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 F
5 /				Malé White Widowed Divorced 2-23-03 60 Months Days Hours Min 10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country). 12. CITIZEN OF WHAT COUNTRY
6	0 -			
	<u>}</u>			Parmer working life, even if refired Farming Oregon County, Mo. U.S.A. 136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
⁷ 0] [
8 📥 1	- 1	ŀ		
	₹	ŀ		I de la trata a la constanta de la constanta d
9420.1	#		_	
10 1	⋖			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: (I) PART II. DEATH WAS CAUSED BY:
	D OF		≶	IMMEDIATE CAUSE (a) Oronary Arombour Munulis
11	وَا يُر		OCCUMEN	
12470	HIS REC		^	Conditions, if any, which gave rise to
				above cause (s), stating the under-
132-0	-		 	lying cause last. DUE TO (c)
	ō∣		1 1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. If deceased was female v there a pregnancy in last 90 da
\	2			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. If deceased was female we there a pregnancy in last 90 da Unknown
<i>¥</i> }	AMENDMEN			19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
	\$	1 1		PERFORMED?
7		1	1	20c. TIME OF Hour Month, Day; Year
ע ס	₹ :		Ιİ	20c. TIME OF Hour Month, Day, Year INJURY s.m. p.m.
BLACK INK OR RITER RIBBON				20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20t. CITY, TOWN, OR LOCATION 2001)
Y		li		WHILE AT WORK [] farm, factory, street, office bidg., etc.) NOT WHILE AT WORK []
A % #	READ			21 I strended the deceased from to 6.10.63 and last saw her him alive on
4 E	뽇	1		5 and 10 and the standard share and to the best of my knowledge, from the causes stated.
USE	밑		I	Long DATE COM
USE BLAC OR TYPEWRITER	SHOULD		Ō	222. SIGNATURE B (George or title) 22b. APORESS STAN M. 6:11:6
F	l <u>s</u>			NAME OF CENETROY OF COMMANDEY 1234 LOCATION (City, town, or county) (State)
1	NO.	$\vdash \top$	FIDA	Burial Specify 6-15-63 Norman Cemetery Or Cremation County Mo.
1	Ž		I IE	AUDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
j	ITEM		}	Cantlow Tun. Home Stockton Mr. 6-11-63 Mrs Honers Contla
			1 120	

STATEMENT BY LICENSED EMBALMER

1 hereby	certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
working under m	ny personal supervision.	
Student.	5.4	_ Signed Jahn a. Cantlon
	Signature of Student Embalmer	Licensed Embalmer No.#387
		P. O. Address Stockton, MS

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.