

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047265

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 5178 Registrar's No. 70

FILED JAN 10 1964

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CAMDEN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LAKE OZARK		c. CITY OR TOWN LAKE OZARK	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) Lillian Esther BLANK		4. DATE OF DEATH DEC. 30 1963	
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4-4-1915
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSING HOME OP		10b. KIND OF BUSINESS OR INDUSTRY HAWAII	
11. BIRTHPLACE (City and state or country) HAWAII		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME LARS HALLVERSON		13b. MOTHER'S MAIDEN NAME MATILDA	
14. NAME OF HUSBAND OR WIFE VERNON BLANK		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. NOT AVAILABLE		17. INFORMANT ELLIOTT FUNERAL HOME NEWBOLD IOWA	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESULTS OF AUTO ACCIDENT		INTERVAL BETWEEN ONSET AND DEATH 5 MINUTES	
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) _____		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto accident	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____			
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.) STREET	20f. CITY, TOWN, OR LOCATION LAKE OZARK	COUNTY CAMDEN STATE MO.
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at 10:45 - 11:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. H. H. H. H.		22b. ADDRESS CAMDEN, MO.	22c. DATE SIGNED 12-31-63
23a. BURIAL, CREMATION REMOVAL (Specify) REMOVED	23b. DATE 4-4-1964	23c. NAME OF CEMETERY OR CREMATORY ROLAND	23d. LOCATION (City, town, or county) (State) ROLAND, IOWA
24. FUNERAL DIRECTOR Phillips Funeral Home		25. DATE RECD. BY LOCAL REG. Dec. 31-1963	26. REGISTRAR'S SIGNATURE Zilpha J. Shaw

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

ROTH-SCB

JAN 14 1964

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

Louis D. Phillips

Licensed Embalmer No.

3663

P. O. Address

Kedron

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.