

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Val + Ethel's 875
State File No.

39
6

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (In this place) <u>2 Months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ocie</u>	9. AGE (In years last birthday) <u>60</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hattie</u>	b. (Middle) <u>Ethel</u>	c. (Last) <u>Blankenship</u>
4. DATE OF DEATH	(Month) <u>Feb.</u>	(Day) <u>7,</u>	(Year) <u>1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 30 1888</u>
9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>(Near) Protem, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John B. Owen</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Wood</u>	
14. NAME OF HUSBAND OR WIFE <u>Tom B. Blankenship</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tom Blankenship</u> ADDRESS <u>Ocie, Mo.</u>	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Primary Carcinoma of Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-6 mo</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____	DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>155'</u>		
19a. DATE OF OPERATION <u>1/10/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Primary Carcinoma of Liver</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>12/27/48</u> 19____, to <u>2/7/49</u> 19____, that I last saw the deceased alive on <u>2/6/49</u> 19____, and that death occurred at <u>6:22 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. Lohmeyer M.D.</u> (Degree or title)		23b. ADDRESS <u>Springfield Mo.</u>	23c. DATE SIGNED <u>2/7/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/9/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>(Near) Branson, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-8-49</u>	REGISTRAR'S SIGNATURE <u>W. H. Lohmeyer M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Lohmeyer</u> ADDRESS <u>Springfield, Mo.</u>	

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

Robert E. Hamel

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.