

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19377

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 627

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 1 1/2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117
d. FULL NAME OF HOSPITAL OR INSTITUTION 1704 Center St.			d. STREET ADDRESS (If rural, give location) 1704 Center St.		

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) T c. (Last) BLANKENSHIP			4. DATE OF DEATH (Month) (Day) (Year) 6- 6 1950		
--	--	--	---	--	--

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 7)	8. DATE OF BIRTH 12-18-1871	9. AGE (In years less birthday) 78	10. UNDER 1 YEAR Months	11. UNDER 18 Hrs. Min.
---------------	------------------------	---	-----------------------------	------------------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Clinton Co., Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	---	--	----------------------------------

13a. FATHER'S NAME William O. Blankenship		13b. MOTHER'S MAIDEN NAME Amanda Hedges		14. NAME OF HUSBAND OR WIFE None	
---	--	---	--	----------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John A. Blankenship, Birmingham, Mo			
--	------------------------------	---	--	--	--

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 MO UNKNOWN 332X
--	--	--	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 28 May 1950, to 3 June, 1950, that I last saw the deceased alive on 6 June, 1950, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Clement C. Symons (Degree or title)		23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 8 June 1950
--	--	----------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 6-8-1950	24c. NAME OF CEMETERY OR CREMATORY Log Church Cemetery	24d. LOCATION (City, town, or county) (State) Plattsburg, Mo.	
--	--------------------	--	---	--

DATE REC'D BY LOCAL REG. June 12, 1950	REGISTRAR'S SIGNATURE G. B. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John E. Cuff St. Joseph, Mo.	
--	---	--	---	--

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.