No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1950

State File No. 34423

BIRTH NO. _____ REG. DIST. NO. 249 PRIMARY REG. DIST. NO. 305b Registrar's No. 247

882 p

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly 0863
d. STREET ADDRESS (If rural, give location): 405 Bertley

3. NAME OF DECEASED (Type or Print)
a. (First): Essie
b. (Middle): Blankenship
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Oct 10th 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept 12th 1912
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months —, Days 28 — IF UNDER 1 HR.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Simon Shaw
13b. MOTHER'S MAIDEN NAME: Fern Shaunius
14. NAME OF HUSBAND OR WIFE: Eugene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Eugene Blankenship — **ADDRESS**: Moberly

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 12 hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) — 584 X

II. OTHER SIGNIFICANT CONDITIONS: Chronic Cholecystitis & stone.

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9 Oct 50
19b. MAJOR FINDINGS OF OPERATION: Chronic GB & stone, ch. appendix.
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8 Oct, 1950, *to* 10 Oct, 1950, *that I last saw the deceased alive on* 10 Oct, 1950, *and that death occurred at* 8 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: Moberly Mo
23c. DATE SIGNED: 10 Oct 50.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 12th 1950
24c. NAME OF CEMETERY OR CREMATORY: Oakland
24d. LOCATION (City, town, or county) (State): Moberly, Mo

DATE REC'D BY LOCAL REG.: Oct 12-50
REGISTRAR'S SIGNATURE: Leah Williams 264
25. FUNERAL DIRECTOR'S SIGNATURE: Mahan and Son — **ADDRESS**: Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: OCT 23
DISTRICT HEALTH OFFICE
District File Number 10-56
Date Filed: OCT 24 1950

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 Frank D. De Witt

Licensed Embalmer No. 9021

P. O. Address Moberly, 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.