

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34524

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue River</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue River</u> 1940	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) L. c. (Last) BLANKENSHIP 4. DATE OF DEATH (Month) (Day) (Year) Oct. 10 1950

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 12, 1878</u>	9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME William Blankenship 13b. MOTHER'S MAIDEN NAME Mitilda Burr 14. NAME OF HUSBAND OR WIFE Ida Mae Blankenship

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. 494-09-3210 17. INFORMANT'S SIGNATURE OR NAME Ida Mae Blankenship ADDRESS Blue River

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of head of pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>157X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>multiple metastases</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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) Blue River St. Francois Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 April 27, 1950 to Oct. 10, 1950, that I last saw the deceased alive on 10-10, 1950, and that death occurred at 3:54 m., from the causes and on the date stated above.

23a. SIGNATURE F. Richard Couch M.D. (Degree or title) 23b. ADDRESS Farmington Mo 23c. DATE SIGNED 10-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 12, 1950 24c. NAME OF CEMETERY OR CREMATORY Odd Fellow Cemetery 24d. LOCATION (City, town, or county) (State) Blue River Missouri

DATE REC'D BY LOCAL REG. Oct 14, 1950 REGISTRAR'S SIGNATURE Ethel Rudloff 25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell ADDRESS Flat River Mo.

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 23 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *R. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flat River, 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.