

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39916

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5133</u>		Registrar's No. <u>1408</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY OR TOWN <u>Rural 2 1/2 mi. ne Easton</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Easton 2 1/2 mi. ne</u> <u>0110</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>rural, Marion Twsp. RR #1</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Marion Twsp. RR #1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u> b. (Middle) <u>Jane</u> c. (Last) <u>Blankenship</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 11 50</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12/23/1852</u>			
9. AGE (In years last birthday) <u>97</u>		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>David Boyer</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Turner</u>			14. NAME OF HUSBAND OR WIFE <u>Geo Blankenship</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u>			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Blakley Easton, M</u>			ADDRESS <u>---</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epithelioma of face &amp; head</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>age</u>  DUE TO (c) <u>---</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>191X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>		
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) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>		21f. HOW DID INJURY OCCUR? <u>---</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>1945</u> , to <u>12-24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-24</u> , 19 <u>50</u> , and that death occurred at <u>4:00 am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. F. Bigham M.D.</u> (Degree or title)			23b. ADDRESS <u>Easton Mo</u>			23c. DATE SIGNED <u>11-12-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>6mi west Stewartville</u>			
DATE REC'D BY LOCAL REG. <u>Dec 14, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Summerfield</u>		ADDRESS <u>Stewartville, Mo</u>			

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

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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 *W. E. Summersfield* .....

Licensed Embalmer No. *3007* .....

P. O. Address *Stewartsville, 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.