

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

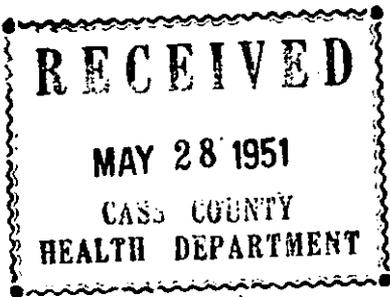
State File No. 15892

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Harrisonville</u>	c. LENGTH OF STAY (in this place) <u>SWEET</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u> 191	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>905 So. Independence Ave</u>	
3. NAME OF DECEASED a. (First) <u>IVIE</u>		b. (Middle) <u>B</u>	c. (Last) <u>BLANKENSHIP</u>
4. DATE OF DEATH (Type or Print) <u>May 23 1951</u>		4. DATE OF DEATH (Month) (Day) (Year)	
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>May 31 - 1867</u>
9. AGE (In years, if under 1 year last birthday) <u>83</u>		9. AGE (In years, if under 1 year last birthday) Months Days Hours Min.	
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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Harrisonville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jacob H. Brookhart</u>		13b. MOTHER'S MARRIED NAME <u>Mary Ellen Bryant</u>	14. NAME OF HUSBAND OR WIFE <u>W. S. 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 AND ADDRESS <u>Oren J. L. Brookhart Harrisonville</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>Fracture of left femur</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>78 days</u>	
		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</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 <u>L</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Harrisonville</u> (COUNTY) <u>Cass</u> (STATE) <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 6 1951 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall to floor</u>	
22. I hereby certify that I attended the deceased from <u>Nov 6, 1951</u> , to <u>May 22, 1951</u> , that I last saw the deceased alive on <u>May 22, 1951</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. S. Triplett, M.D.</u>		23b. ADDRESS <u>Harrisonville, Mo. 5-24-51</u>	23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 24 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orend Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 24, 1951</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	51	5. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Winnenburg's Harrisonville 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....
Ernest Runnenburger

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville, 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.