

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15264

FILED MAY 12 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 69 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Preston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Preston</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0830</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Verna</u> b. (Middle) <u>Blankenship</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>5/4/1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/9/1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Edgerton, Mo.</u>	
13a. FATHER'S NAME <u>David Stiff</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Burnett</u>		14. NAME OF HUSBAND OR WIFE <u>Emmett Blankenship</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emmett Blankenship</u> ADDRESS <u>Edgerton, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Malnutrition</u> <i>*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>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES (b) <u>Senile dementia</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Rheumatoid arthritis</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>304X</u>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					

12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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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)		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 Jan 7, 1953, to May 4, 1953, that I last saw the deceased alive on May 4, 1953, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>City Thorota, M.D.</u>		23b. ADDRESS <u>Smithville, Mo.</u>		23c. DATE SIGNED <u>5-5-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/7/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reed Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Edgerton, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>5-5-53</u>		REGISTRAR'S SIGNATURE <u>Rphia Rollins</u> <u>257</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Rphia Rollins</u> ADDRESS <u>Edgerton, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*H. L. Roy Mooney*

Licensed Embalmer No. \_\_\_\_\_

*4726*

P. O. Address \_\_\_\_\_

*H. L. Roy*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.