

No. 300  
 10.48  
 0660  
 1  
 WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 15 1954

THE DIVISION OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **5493**

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5183 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>Dixie</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Richwoods</u>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Dixon, Missouri R. # 3</u> <u>0660</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>May</u> c. (Last) <u>Blankenship</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24, 1954</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>Sept. 24, 1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR 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	11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> <u>Howell County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Mitchell Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Shirley</u>		14. NAME OF HUSBAND OR WIFE <u>William N. 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 ADDRESS <u>Mike Blankenship Dixon, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF RIGHT BREAST</u>		<u>3 YRS.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C METASTASIS</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 <u>170 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 12-31, 1953, to 2-19, 1954, that I last saw the deceased alive on 2-19, 1954, and that death occurred at 6:40 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>L. S. Humphreys, D.O.</u>		23b. ADDRESS <u>Wassum, Mo.</u>		23c. DATE SIGNED <u>2-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>	
24d. LOCATION (City, town, or county) (State) <u>Miller Co. Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Feb 28-54</u>		REGISTRAR'S SIGNATURE <u>Jessie Perkins</u> <u>195</u>		25. FUNERAL HOME'S SIGNATURE ADDRESS <u>Hedges Funeral Homes Inc. Iberia, Mo.</u>	
--	--	---	--	--	--

RECEIVED

MAR 9 1954

MILLER COUNTY HEALTH  
DEPARTMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Walter P. Adams*

Licensed Embalmer No.....  
4363

P. O. Address.....  
Lena, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.