

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33540

STATE FILE NUMBER

FILED OCT 18 1956

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KENNETT		c. CITY OR TOWN KENNETT	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 506 St. Francis		d. STREET ADDRESS (If outside, give location) 506 St. Francis	
Length of stay in lb 35 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Victor Melvin Blankinship			4. DATE OF DEATH Sep't. 26 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 28 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real estate		10b. KIND OF BUSINESS OR INDUSTRY Selling	11. BIRTHPLACE (City and state or country) Ridgley, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Benjamin Allen Blankinship			14. MOTHER'S MAIDEN NAME Cathrine Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-36-0281	17. INFORMANT Barney Blankinship, Kennett, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 8 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4:15 AM 1946 to Sept. 26, 1956 and last saw her alive on Sept 26, 1956
Death occurred at 4:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) **George J. Mumms M.D.** 22b. ADDRESS **Kennett, Mo** 22c. DATE SIGNED **9/28/56**

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sep't. 26 1956	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge	23d. LOCATION (City, town, or county) (State) Kennett, Mo
24. FUNERAL DIRECTOR ADDRESS Paul Salmon Kennett, Mo.		25. DATE RECD. BY LOCAL REG. Oct 1-1956	26. REGISTRAR'S SIGNATURE Carl Huskan

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Caution cannot certify to a death due to natural causes.

RECEIVED DUNKLIN COUNTY
DEPARTMENT 10-8-5
COUNTY FILE NUMBER 105

NOV 1 1956

NOV 2 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *E. Palmer*.....

Licensed Embalmer No. *25*

P. O. Address *Kennett*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.