

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11766

FILED MAR 29 1957

State File No.

BIRTH NO. REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (In this place) 17 Days	c. CITY OR TOWN Dexter 1034		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mo. Delta Community Hospital			e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) O.		b. (Middle) D.	c. (Last) Blankenship	4. DATE OF DEATH (Month) (Day) (Year) 3 5 1957	
5. SEX <input type="radio"/> Male <input checked="" type="radio"/> Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-20-1924	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Atomic Plant		10b. KIND OF BUSINESS OR INDUSTRY Carbide & Carbon Nuclear Co.	11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Colton Blankenship		13b. MOTHER'S MAIDEN NAME Dovie Helms	14. NAME OF HUSBAND OR WIFE Lanora Hooks		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lanora Blankenship, Dexter, Mo.		

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) Carcinoma of Colon			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. C Generalized Metastasis			
		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		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Minute)		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 **2-17, 1957**, to **3-5, 1957**, that I last saw the deceased alive on **3-5, 1957**, and that death occurred at **6:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Alden B. Bargerfield (Degree or title)		23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 3-6-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-7-57	24c. NAME OF CEMETERY OR CREMATORY Garden of Memories	24d. LOCATION (City, town, or county) (State) Sikeston, Missouri	
DATE REC'D BY LOCAL REG. 3-7-57		REGISTRAR'S SIGNATURE Miss Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.	

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

DATE RECEIVED MAR 25 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 357-55

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,
Signature of Student Embalmer

Signed Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Depta, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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