

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34847

STATE FILE NUMBER
1119

FILED OCT 28 1957

Registration District No. 42 Primary Registration District No. 1000

Registrar's No. 1119

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1010 S. 17th St.		Length of stay in lb 30 years	d. STREET ADDRESS (If outside, give location) 1010 S. 17th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle Mitchell Last Blankenship			4. DATE OF DEATH Month Oct. Day 12, Year 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 12, 1872
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired carpenter		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 84 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired carpenter		11. BIRTHPLACE (City and state or country) Clinton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Nathan Blankenship		13b. MOTHER'S MAIDEN NAME Sarah S. Kerns	14. NAME OF HUSBAND OR WIFE Adra Blankenship
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. 491-10-9792-A	17. INFORMANT Address Mrs. R.M. Blankenship, 1010 S. 17th St. Joseph, 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) CARCINOMA PROSTATE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) GENERALIZED METASTASIS. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH ? YEARS
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		177X	
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 JULY 1956 to OCT 1957 and last saw her alive on OCT 11 - 1957 Death occurred at 7:00a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John T. Rogers M.D. (Degree or title)		22b. ADDRESS 307 Kirkpatrick Bldg St. Joseph, Mo	22c. DATE SIGNED 10/14/57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/15/1957	23c. NAME OF CEMETERY OR CREMATORY Union Chapel Cemetery	23d. LOCATION (City, town, or county) (State) DeKalb County, Missouri
24. FUNERAL DIRECTOR Heaton-Bowman		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Oct. 21, 1957
26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *3195 11th Ave*

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.