

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31528-57

2049

FILED JAN 28 1958

STATE FILE NUMBER

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richwoods twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Iberia</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Iberia Rural</b>		Length of stay in lb <b>life</b>	d. STREET ADDRESS (If outside, give location) <b>(If outside, give location)</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Rhonda</b> Middle <b>Faye</b> Last <b>Blankenship</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>9</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 30, 1957</b>	9. AGE (In years last birthday) Months <b>8</b> Days <b>9</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Iberia, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Berry Lee Blankenship</b>			14. MOTHER'S MAIDEN NAME <b>Betty Joyce Copeland</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Berry L. Blankenship Iberia, Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Microcephaly</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	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.) <b>7531</b>
20c. TIME OF INJURY Hour _____ 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 <b>Iberia; Mo.</b>	COUNTY _____ STATE _____
21. I attended the deceased from <b>April 30, 1957</b> to <b>Jan. 9, 1958</b> and last saw her <sup>from</sup> alive on <b>Jan. 4 1957</b> Death occurred at <b>6:00am</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W.M. a. Gould</b> (Degree or title)	22b. ADDRESS <b>Iberia; Mo.</b>	22c. DATE SIGNED <b>1/10/58</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/10/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hickory Point</b>	23d. LOCATION (City, town, or county) (State) <b>Iberia, Missouri</b>
24. FUNERAL DIRECTOR <b>Hedges Funeral Homes</b> ADDRESS <b>Iberia, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>JAN. 11 - 1958</b>	26. REGISTRAR'S SIGNATURE <b>Jessie Perkins</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death certificate must be completed and returned to the registrar within 10 days of death. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED

JAN 16 '58

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 embalmed  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Walter P. Hedge*.....

Licensed Embalmer No. *47*.....

P. O. Address *Wrens*.....

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.