

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000150
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 15

300
-57
Ronald

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt Pleasant Twp.		c. CITY OR TOWN Butler 0076	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Tree Rest Home		d. STREET ADDRESS 504 East Dakota	
Length of stay in 6 Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Nancy Elizabeth Middle Blankenbaker Last Blankenbaker			4. DATE OF DEATH Month Jan. Day 30 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 24 1874		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bates Co. Mo. 6		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Laccorce		13b. MOTHER'S MAIDEN NAME Rosa King		14. NAME OF HUSBAND OR WIFE Frank Blankenbaker	
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. none		17. INFORMANT Address Gilbert Blankenbaker-Butler 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 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute pulmonary edema 4200			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.) None		
20c. TIME OF INJURY Hour None a.m. None p.m. None	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 1-30-59 to 1-30-59 and last saw her alive on 1-30-59 Death occurred at 1:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Douglas Donald MD		22b. ADDRESS Butler Missouri	22c. DATE SIGNED 1-31-59
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial	23b. DATE Feb 1/59	23c. NAME OF CEMETERY OR CREMATORY Double Branches	23d. LOCATION (City, town, or county) (State) Bates Co Missouri
24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo.		25. DATE RECD. BY LOCAL REG. Feb. 1-1959	26. REGISTRAR'S SIGNATURE Randall Army

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert D. Stenbeck*

Licensed Embalmer No. *4657*
P. O. Address: *Belle Mead*

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.