

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008250

STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 84

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Adair</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>		
b. CITY OR TOWN <b>Kirkville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kirkville</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kirks. Osteo. Hosp. yrs.</b>		Length of stay in 1b	d. STREET ADDRESS <b>811-S-Davis</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>GLENN</b> Middle <b>DALE</b> Last <b>BLANKENHORN</b>			4. DATE OF DEATH <b>March 9, 1959</b> Month <b>March</b> Day <b>9</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 9, 1891</b>	9. AGE (In years birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (City and state or country) <b>Sterling Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>C. Blankenhorn</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Swartz</b>		14. NAME OF HUSBAND OR WIFE <b>Iva (Fresher) Blankenhorn</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>490-10-7265</b>	17. INFORMANT Address <b>Mrs. G. D. Blankenhorn, Kirkville, 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>Sepsis</b> DUE TO (b) <b>Carcinoma of bladder</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 <b>2 days</b> <b>2 years</b>
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from Death occurred at <b>12-25-1956</b> to <b>March 9 1959</b> and last saw him alive on <b>Mar 9 1959</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>M. T. Cutenson D.O.</b>			22b. ADDRESS <b>Kirkville, Mo</b>		22c. DATE SIGNED <b>3-10-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-11-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kirkville Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Davis &amp; Davis, Kirkville, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>3-14-1959</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Rathoff</b>	

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. M. T. CUTENSON, D.O. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 21 1959

APR 1 1959

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 B. Davis* .....

Licensed Embalmer No. **4219** .....

P. O. Address **Kirkville, 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.