

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041081

FILED VS. DEC 7 1959 245

Primary Registration District No. 3047 Registrar's No. 123

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		c. CITY OR TOWN Southwest City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale-Memorial Hosp.		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Calvin Middle Blaine Last Blankenship			4. DATE OF DEATH Month Nov. Day 15 Year 1959			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-14-1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker and Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Woodstock, Ga.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Wm. M. Blankenship		13b. MOTHER'S MAIDEN NAME Emily A. Pirkle		14. NAME OF HUSBAND OR WIFE Mamie 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. 486-32-9539		17. INFORMANT Address Dr. G.W. Blankenship Neosho, 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) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Generalized Debilitation		
DUE TO (c) Gen. Arteriosclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour 10:40 P. Month, Day, Year October 30, 1959	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 **October 30, 1959** to **November 15, 1959** and last saw him alive on **Nov. 15, 1959**
Death occurred at **10:40 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ray E. Kewley M.D.		22b. ADDRESS Neosho, Missouri		22c. DATE SIGNED 11/30/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-17-59	23c. NAME OF CEMETERY OR CREMATORY Southwest City Cem.	23d. LOCATION (City, town, or county) (State) Southwest City, Mo.	
24. FUNERAL DIRECTOR ADDRESS Humphrey & Son Noel, Missouri		25. DATE RECD. BY LOCAL REG. 11/30/59	26. REGISTRAR'S SIGNATURE Melvin C. Bauman, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 J. M. Humphrey Jr.

Licensed Embalmer No. 4708
P. O. Address Noel, 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.