

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002306

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 175

FILED FEB 4 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10551

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) AURORA		Length of stay in 1b 1 wk.	c. CITY OR TOWN JENKINS
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION COMMUNITY HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) JENKINS TWP.
3. NAME OF DECEASED (Type or print) First WILLIAM Middle HENRY Last BLANKENSHIP			4. DATE OF DEATH Month Jan Day 15 Year 1963
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/19/07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	9. AGE (last birthday) 65
11. BIRTHPLACE (City and state or country) Cassville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Samual Blankenship		13b. MOTHER'S MAIDEN NAME Permilia Rogers	14. NAME OF HUSBAND OR WIFE Chloe Hudson 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. 497-12-7008	17. INFORMANT Chloe Blankenship, Jenkins, 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) Pulmonary Edema & Uremia DUE TO (b) Hypertensive Cardio-renal DUE TO (c) Syncope			INTERVAL BETWEEN ONSET AND DEATH 10 days undef
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"/> N <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 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 1-6-63 to 1-15-63 and last saw ^{her} him alive on 1-15-63 Death occurred at 10:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>William M.D.</i>		22b. ADDRESS	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/18/63	23c. NAME OF CEMETERY OR CREMATORY Blankenship Cemetery	23d. LOCATION (City, town, or county) (State) Barry Co., Mo.
24. FUNERAL DIRECTOR D.E. Williamson, Cassville, Mo.		25. DATE RECD. BY LOCAL REG. 1-16-63	26. REGISTRAR'S SIGNATURE <i>George L. Langley</i>

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: Doyle E. Williamson

Licensed Embalmer No. 4883

P. O. Address Council, 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.
• O. If this body is not embalmed, fact should be so stated above.