

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19482

State File No. ....

FILED JUL 5 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 4334 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Latham, Mo Harrison</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Latham, Mo</u> <span style="float: right;">0680 2</span>	
c. LENGTH OF STAY (In this place) <u>21/2 Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Latham, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham, Mo Home</u>			
3. NAME OF DECEASED a. (First) <u>Theodosia</u>		b. (Middle) _____ c. (Last) <u>Blankenship</u>	
(Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 27 1870</u>
9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward James</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Francis Marion Blankenship</u> ADDRESS <u>California, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the stomach</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>151X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Latham Moniteau Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>9-18</u> , 19 <u>54</u> , to <u>4-15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-13</u> , 19 <u>55</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. B. Fulmer</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>6-3-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/3/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>High Point, Mo</u>
DATE REC'D BY LOCAL REG. <u>6/9/55</u>	REGISTRAR'S SIGNATURE <u>L. D. Speyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earle Boulton</u> ADDRESS <u>California, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

80  
1

**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.

Signed \_\_\_\_\_

*Jack H. Bowlin*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4923*

P. O. Address *California, 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 this body is not embalmed, fact should be so stated above.