S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1949

State File No. 16302

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 926

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper 49
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 2
d. STREET ADDRESS (If rural, give location): 221 N. Sergeant 5

3. NAME OF DECEASED (Type or Print)
a. (First): Ross
b. (Middle): —
c. (Last): Blake

4. DATE OF DEATH (Month) 5 (Day) 13 (Year) 49

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 25, 1878
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR Months: 4 Days: 18 — IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kan. Exp. Mining Co.
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Moundville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Henry A. Blake
13b. MOTHER'S MAIDEN NAME: No record
14. NAME OF HUSBAND OR WIFE: Eleanor Blake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Spanish war
16. SOCIAL SECURITY NO.: 491-01-1867
17. INFORMANT'S SIGNATURE OR NAME: Eleanor Blake — ADDRESS: 221 N. Sergeant

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 13 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 29, 1949, *to* May 13, 1949, *that I last saw the deceased alive on* May 13, 1949, *and that death occurred at* 9:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Slentz, M.D.
23b. ADDRESS: 410 Jackson Ave, Joplin, Mo.
23c. DATE SIGNED: Aug 14, 49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 16, 1949
24c. NAME OF CEMETERY OR CREMATORY: OZARK MEM. PARK
24d. LOCATION (City, town, or county): JOPLIN (State): MO

DATE REC'D BY LOCAL REG.: 5-16-49
REGISTRAR'S SIGNATURE: [signature] by Dolores Lampkin 133
25. FUNERAL DIRECTOR'S SIGNATURE: HURLBUT GLOVER, ADDRESS: JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

49-5-418

MAY 27 1949

JUL 15 1945

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 Nat G. Hale, Student Embalmer No. 317, working under my personal supervision.

Signed Nat G. Hale
Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 45-93

P. O. Address Joplin, 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.