S. No. 300
v. 10.48

FILED AUG 18 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

27464

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 24

69

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

**1. PLACE OF DEATH**
a. COUNTY: Monroe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Santa Fe Jail
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middle Grove 69
d. STREET ADDRESS (If rural, give location): 0 0

**3. NAME OF DECEASED** (Type or Print): a. (First) William b. (Middle) George c. (Last) Blaker

**4. DATE OF DEATH** (Month) (Day) (Year): 8 - 4 - 1949

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 2-22-1876
**9. AGE** (In years last birthday): 73 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farming
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (State or foreign country): Monroe Co Mo
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Wm David Blaker
**13b. MOTHER'S MAIDEN NAME**: Nancy Elizabeth Irvine
**14. NAME OF HUSBAND OR WIFE**: Sina Haley

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service): —
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Mary Sina Blaker
**ADDRESS**: Santa Fe

**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) ~~Arteriosclerosis~~ Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ~~unknown~~ 1 hour

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

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* 9:30 PM 8-4, 1949, *to* 10 PM 8-4, 1949, *that I last saw the deceased alive on* ~~8/4~~ 8/4 10 PM, 1949, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: John E Brown (Degree or title) M.D.
**23b. ADDRESS**: Perry Mo
**23c. DATE SIGNED**: 8-8-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Aug 7-49
**24c. NAME OF CEMETERY OR CREMATORY**: Sunset Hill
**24d. LOCATION** (City, town, or county) (State): Madison, Missouri

**DATE REC'D BY LOCAL REG.**: 8-12-49
**REGISTRAR'S SIGNATURE**: Elbert Baker M.D. 205
**25. FUNERAL DIRECTOR'S SIGNATURE**: Fred A Thompson
**ADDRESS**: Madison Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 15 1949
District Health Officer No. 10
District File Number 1-49-1392
Date Filed AUG 16 1949

## 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 .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3282

P. O. Address [illegible], Kan.

**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.