

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40950

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0-0-0-45

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5549 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Howard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette Rural Richmond</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette Rural Richmond</u>		
c. LENGTH OF STAY (In this place) <u>10 yrs</u>			d. STREET ADDRESS (If rural, give location) <u>R. F. D. #3</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6 1949</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Floye</u>		b. (Middle) <u>Dell</u>		c. (Last) <u>Blakemore</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 16, 1882</u>	9. AGE (In years last birthday) <u>67</u>	10. MONTHS <u>6</u> 11. DAYS <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James L. Dougherty</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Kirby</u>	
14. NAME OF HUSBAND OR WIFE <u>Tom Blakemore</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-----</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Tom Blakemore</u>		ADDRESS <u>Fayette, 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>Coronary Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
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.				<u>4 20 1</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>8-2-47</u> , 19 <u>47</u> , to <u>Dec. 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec. 6</u> , 19 <u>49</u> , and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. Beach M.D.</u>			23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>12/9/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery, Fayette, Mo</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Carr</u> ADDRESS <u>Fayette, Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-9-49</u>		REGISTRAR'S SIGNATURE <u>Mary H. Shell</u>		436	

RECEIVED DEC 13  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 12-21-49

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette 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.