

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3609

BIRTH NO. _____		REG. DIST. NO. 302		PRIMARY REG. DIST. NO. 6199		Registrar's No. 5			
1. PLACE OF DEATH a. COUNTY TANCY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY TANCY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dickens		c. LENGTH OF STAY (in this place) YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dickens					
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) Rural					
3. NAME OF DECEASED (Type or Print) JAMES		a. (First)		b. (Middle) BLAKE		c. (Last)			
4. DATE OF DEATH		Month JAN		Day 6		Year 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC. 2 1873			
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 1		Days 4		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Kate Blake					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. J. M. Shredgill Tancyp, Mo.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Disease DUE TO (c) Saw father after death II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History indicates abdominal 4-2-1						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Jan 6, 1950, to Jan 6, 1950, that I last saw the deceased alive on Jan 6, 1950, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED			
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 1-9-50		24c. NAME OF CEMETERY OR CREMATORY Oak Memorial Cemetery		24d. LOCATION (City, town, or county) (State) Brewson Mo.			
DATE REC'D BY LOCAL REG. Jan 12-1950		REGISTRAR'S SIGNATURE S. E. Cogswell 376		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fidelity Funeral Home, Tancyp, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 1 1950

RECEIVED JAN 17 1950
District Health Office No. 6,
District File Number 150-69
Date Filed 1-19-50

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. 338

working under my personal supervision.

Student James W. Hedstrom
Student Embalmer

Signed Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Springer, 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.