

S. No. 300  
EV. 10.48

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17368

1082

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Washington</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Treona</u> 8460	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402. N. Cedar</u>		d. STREET ADDRESS (If rural, give location) <u>unknown</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>-</u> c. (Last) <u>- Blake</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-22-50</u>
5. SEX <u>Male</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Jan 8, 1868</u>
9. AGE (In years last birthday) <u>82 1/4</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>	10. b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Dorothy Bell, Nevada, 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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombocytopenic Purpura</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertrophic prostate</u>			<u>1 1/2 yr</u>
DUE TO (c) _____			<u>6 mo</u>
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic cardio-vascular renal disease</u>			<u>1 1/2 yr</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <u>August 19 1899</u> , to <u>Feb. 21 1950</u> , that I last saw the deceased alive on <u>Feb. 21 1950</u> , and that death occurred at <u>9:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>	
23c. DATE SIGNED <u>2/24/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Deerwood</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 6, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 331	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Beckinger Funeral Home, Nevada, Mo.</u>	

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

APR 4 1950  
MAR 24 1950

RECEIVED  
District Health Officer No. 71  
District File Number 2-50-182  
Date Filed 3-8-50

**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. \_\_\_\_\_

working under my personal supervision.

Signed Max E. Eshuis

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2656

P. O. Address Nebraska 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.