

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29894

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5389</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Dent</u> <u>Charles E. Blake</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Dent</u> b. COUNTY <u>1330</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bunker Mo</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bunker Mo</u>		d. STREET ADDRESS (If rural, give location) <u>XX</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XX</u>				d. STREET ADDRESS (If rural, give location) <u>XX</u>			
3. NAME OF DECEASED (Type or Print) <u>Charles Edward Blake</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>12/85/72</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>George Blake</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Medley</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Blake</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Blake Bunker 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic lymphatic leukemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</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>2040</u>			
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 <u>9-19, 1950</u> , to <u>9-19, 1950</u> , that I last saw the deceased alive on <u>9-19, 1950</u> , and that death occurred at <u>10:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Francis L. Kozal, M.D.</u>		23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>10-2-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/1/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Delmar Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Shannon County Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-4-50</u>		REGISTRAR'S SIGNATURE <u>Dr. M. H. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>...</u>		ADDRESS <u>...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT - 7 1950

RECEIVED

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 2370

P. O. Address Salem, 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.