

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37768

State File No. \_\_\_\_\_

FILED DEC 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 516

495

1. PLACE OF DEATH  
a. COUNTY Jasper  
b. CITY OR TOWN Joplin  
c. LENGTH OF STAY (in this place) 80 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jasper  
c. CITY OR TOWN Joplin  
d. STREET ADDRESS 914 W. 20th

0495

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3. NAME OF DECEASED  
a. (First) Roe b. (Middle) E. c. (Last) Blake

4. DATE OF DEATH  
(Month) (Day) (Year)  
Nov. 11, 1951

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Aug. 18, 1867 9. AGE (In years last birthday) 84  
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) theatre operator

10b. KIND OF BUSINESS OR INDUSTRY theatre

11. BIRTHPLACE (State or foreign country) Burlington, Vermont

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME C. O. Blake

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs. Alice Peninger, Kent, Wash

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Gunshot wounds of the head with fracture of the frontal plate and injury to the frontal and temporal portion of the brain  
ANTECEDENT CAUSES due to  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) E976X  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
2 days.

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY?  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
Joplin Jasper Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) November 9, 1951

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Shot himself with 38 caliber pistol

22. I hereby certify that I attended the deceased from 11-9 1951 to 11-11 1951, that I last saw the deceased alive on 11-11 1951, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Phil Farnham

23b. ADDRESS 410 Jackson, Joplin, Mo

23c. DATE SIGNED 11-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-13-51

24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial

24d. LOCATION (City, town, or county) (State) Joplin, Missouri

DATE REC'D BY LOCAL REG. 11-19-51

REGISTRAR'S SIGNATURE Ed S. James

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Steve Parker Mortuary, Joplin, Mo.

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

RECEIVED 11-26-51  
Jasper County Health Office

County File Number 51/11/871

Date Filed 11-27-51

Dr. De Jan

5101

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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.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.