

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30913**

DECEASED **14 1952**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **338**

3143
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1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton	c. LENGTH OF STAY (In this place) 1 mo	c. CITY (If outside corporate limits, write RURAL and give township) Centralia 0100	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp 1		d. STREET ADDRESS (If rural, give location) Rt 2 1	

3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) G c. (Last) Blake			4. DATE OF DEATH (Month) (Day) (Year) Oct 10 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar 3, 1894	9. AGE (In years) (last birthday) 58	# UNDER 1 YEAR (Month) (Day) 7 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Edward Blake	13b. MOTHER'S MAIDEN NAME Mary C Divisy	14. NAME OF HUSBAND OR WIFE Jewell Blake
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Jewell Blake, Centralia, Mo	ADDRESS Centralia, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral & hyostatic pneumonia		2 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Aneurysm		2 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 334X
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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?
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22. I hereby certify that I attended the deceased from **Oct 9, 1952**, to **Oct 10, 1952**, that I last saw the deceased alive on **Oct 10, 1952**, and that death occurred at **4 P** m., from the causes and on the date stated above.

22a. SIGNATURE J R Hunter M D	(Degree or title)	23b. ADDRESS Fulton Mo	23c. DATE SIGNED Oct 10/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 13 - 1952	24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Mo
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DATE RECD BY LOCAL REG. Oct. 10 - 1952	REGISTRAR'S SIGNATURE Martha Lawrence 4260	25. OPERARY/DIRECTOR'S SIGNATURE Paul P. Ballou, Centralia, Mo.	ADDRESS
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(Licensed Embellisher's Statement on Reverse Side)

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

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 *Paul J. Ballent*

Licensed Embalmer No. *4206*

P. O. Address *Pentonsville, 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.