

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24636

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

FILED AUG 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3590

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (If this place) <u>4 days</u>	c. CITY OR TOWN <u>Joplin</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>K.C. General Hospital No. 1</u>		• STREET ADDRESS (If rural, give location) <u>0474</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FAYE</u>	b. (Middle) _____	c. (Last) <u>BLAKSLEE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Nov. 18, 1914</u>	9. AGE (If years last birthday) <u>38</u>	10. IF OVER 1 YEAR Months _____	11. IF UNDER 1 HR. Hours _____	12. IF UNDER 1 HR. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Comptometer Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Spencer Clem.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. COUNTRY OF WHAT CITIZEN? <u>U.S.</u>
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13a. FATHER'S NAME <u>Albert Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Orna Jeffries</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>441-91-4460</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Beba Stauffer, Baxter Springs, Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fract. skull and skull</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>5916<sup>0</sup></u> <u>10</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>logue Burns was lucky.</u>			
DUE TO (c) <u>60% of Body involved</u>			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Baxter Springs, Jasper, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-16-53</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Ball became ignited by cigarette</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>GEO. C. Keahlofer</u> (Degree or title) _____	23b. ADDRESS <u>4050 Swothway, S. Mo.</u>	23c. DATE SIGNED <u>7-20-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 22, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-21-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u>	ADDRESS <u>Sons, Kansas City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 13 1954

OCT 1 1954

ES 961 8 10 54

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 Chester K Brown, Student Embalmer No. 476 working under my personal supervision..

Student Chester K Brown  
Signature of Student Embalmer

Signed Edward M Storey

Licensed Embalmer No. 4752

P. O. Address Ke 10 me

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.