.S. No. 300
ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4273

BIRTH NO. FILED MAR 1 1954 REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Salisbury TWP
c. LENGTH OF STAY (In this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 mi so of Salisbury Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Salisbury TWP
d. STREET ADDRESS (If rural, give location): 8 mi So Salisbury Mo

0210

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Olive
c. (Last): Blakey

4. DATE OF DEATH (Month) Feb (Day) 24 (Year) 54

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 9, 1870
9. AGE (In years last birthday): 83 — 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): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Chariton Co Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Erastus Butler
13b. MOTHER'S MAIDEN NAME: Mary Jackson
14. NAME OF HUSBAND OR WIFE: Clarence Blakey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Wm Peterson — ADDRESS: Salisbury Mo

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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 2 yr

DUE TO (c) Arterio sclerosis — years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 443X

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* MARCH, 1950, *to* FEB. 24, 1954, *that I last saw the deceased alive on* FEB. 24, 1954, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Eckhom (Degree or title) D.O.
23b. ADDRESS: 119 W 2nd Salisbury Mo.
23c. DATE SIGNED: 2/24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-25-54
24c. NAME OF CEMETERY OR CREMATORY: Asbury Cemetery
24d. LOCATION (City, town, or county) (State): Chariton Co Mo

DATE REC'D BY LOCAL REG.: 2-25-54
REGISTRAR'S SIGNATURE: W Dowling
25. FUNERAL DIRECTOR'S SIGNATURE: Chas B Winkelmeyer — ADDRESS: Salisbury Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 16 1954

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 Chas B. Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.