

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7535

State File No.

BIRTH NO.		REG. DIST. NO. <u>5-8</u>		PRIMARY REG. DIST. NO. <u>5216</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - Pike Twp</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Pine Mo Twp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hy 60-54, West. VAN BUREN</u>				e. STREET ADDRESS <u>Pine Mo. 0910</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>OSCAR</u>		c. (Last) <u>BLAKE</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>2</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec 29 1889</u>	9. AGE (in years last birthday) <u>65</u>	10. MONTHS <u>3</u>	11. DAYS <u>2</u>	12. IF UNDER 1 YEAR IF UNDER 1 MRS. Hours <u> </u> Mins. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - STOCKMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ponder Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Blake</u>		13b. MOTHER'S MAIDEN NAME <u>Louella Stone</u>		14. NAME OF HUSBAND OR WIFE <u>CARRIE JONES BLAKE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>522-38-6479</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. HARDY EIKINS</u> ADDRESS <u>Ponder, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURED SKULL</u> ANTECEDENT CAUSES DUE TO (b) <u>INTERNAL INJURIES</u> DUE TO (c) <u>Auto Accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>Hy 60</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pike Twp Carter 018 MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 2 1955 1:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Two CAR Collision</u>			
22. I hereby certify that I attended the deceased from <u>DEAD ON</u> , 19 <u>ARRIVAL</u> , 19 <u> </u> , that I last saw the deceased alive on <u> </u> , 19 <u> </u> , and that death occurred at <u>1:00 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Colman McSpadden</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Van Buren Mo.</u>		23c. DATE SIGNED <u>4-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley Co. MO.</u>	
DATE REC'D BY LOCAL REG. <u>April 8-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Hinson</u>		53-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Colman McSpadden</u> ADDRESS <u>Van Buren, Mo</u>	

(Licensed Embalmer'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.....
Signature of Student Embalmer

Signed *William C. McSpadden*.....

Licensed Embalmer No...453

P. O. Address *Van Buren*.....

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.