

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

D. R. Blacklock 15931
State File No.

FILED JUN 6 1955

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 519

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>	
c. LENGTH OF STAY (In this place) <u>One day</u>		d. STREET ADDRESS (If not above location) <u>216 St. Park</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McBarney Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PHYLLIS</u> b. (Middle) <u>G</u> c. (Last) <u>GRESS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May-29-1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Feb-19-1888</u>
9. AGE (In years last birthday) <u>67</u>	10. MONTH <u>3</u>	11. DAY <u>10</u>	IF UNDER 18, HRS. _____ MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during past five years, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Knox Co Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Beland S. Shuschill</u>		13b. MOTHER'S MAIDEN NAME <u>Emma S. Gold</u>	
13c. NAME OF HUSBAND OR WIFE <u>Frank Gress</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Gress</u>		ADDRESS <u>Brookfield 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>Cerebral vascular accident</u> ANTECEDENT CAUSES <u>331X</u> DUE TO (b) _____ DUE TO (c) _____ 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"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>5-11</u> , 19 <u>54</u> , to <u>5-29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-29</u> , 19 <u>55</u> , and that death occurred at <u>5:20</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. R. Blacklock M.D.</u>		23b. ADDRESS <u>211 Linn Brookfield Mo</u>	23c. DATE SIGNED <u>5/31/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5/31/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>
DATE REC'D BY LOCAL REG. <u>6-1-55</u>	REGISTRAR'S SIGNATURE <u>Walter Swain</u>	167-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Blacklock</u> ADDRESS <u>Brookfield Mo</u>

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

582
0

0582
0

MAR 6 1957

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

J. R. Blacklock

Licensed Embalmer No. *2246*

P. O. Address

Brookfield 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.