

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26794**

FILED AUG 16 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **5629** Registrar's No. **121**

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY OR TOWN <b>Rural Hooker TS</b>		c. CITY OR TOWN <b>Lebanon</b>	
c. LENGTH OF STAY (in this place) <b>1 week</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lebanon Route #3</b>		e. STREET ADDRESS (If rural, give location) <b>574 N. Washington</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Charles</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Blakeley</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 2 1955</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 24, 1864</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo. 0</b>	12. COUNTRY OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Thomas L. Blakeley</b>	13b. MOTHER'S MAIDEN NAME <b>Frances M. Harrison</b>	14. NAME OF HUSBAND OR WIFE <b>Tobitha Blakeley</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nettie Keener, Lebanon, Mo.</b>	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		<b>4 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		<b>3-31 X</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Cardiovascular Disease</b>		<b>8 to 10 yrs.</b>	
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) (Min.)	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 **Sept 12, 1951**, to **10 March, 1955**, that I last saw the deceased alive on **10 Mar, 19 5**, and that death occurred at **1:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul A. Denthus M.D.</b>	23b. ADDRESS <b>Knight Bldg Lebanon, Mo</b>	23c. DATE SIGNED <b>8/4/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/4/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lebanon City Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Lebanon, MO.</b>
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DATE REC'D BY LOCAL REG. <b>8-4-1955</b>	REGISTRAR'S SIGNATURE <b>Hella L. May</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>S. R. Palmer</b>	ADDRESS <b>Lebanon mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 8/15/55  
Laclede County Health Unit  
File No. 121  
Date Filed 8/15/55

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 S. R. Palmer

Licensed Embalmer No. 320

P. O. Address Libano

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.