

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34165

State File No. _____

FILED OCT 31 1955

Registrar's No. 98

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt. # 5 Neosho</u>		c. LENGTH OF STAY (in this place) <u>21 yrs.</u>	c. CITY OR TOWN <u>Rt. # 5 Neosho</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. # 5 Neosho, Mo.</u>		d. Is Residence within limits of a city or corporate limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Rt. # 5 Neosho, Missouri</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Claude</u>	b. (Middle) <u>Ray</u>	c. (Last) <u>Blakeley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10- 7- 55</u>
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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>March 29, 1888</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR <u>6</u> Days	IF UNDER 24 HRS. <u>7</u> Hours	IF OVER 24 HRS. <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Scott, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Blakeley</u>	ADDRESS <u>Rt. # 5 Neosho</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11/11/54 to 10/7/55</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Scleroderma</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9/4/54, 19 , to 10/7/55, 19 , that I last saw the deceased alive on 9/30/55, 19 , and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE 	(Degree or title)	23b. ADDRESS <u>321 Frisco Building Joplin, Missouri</u>	23c. DATE SIGNED <u>10/10/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 9, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Diamond, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/19/55</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham Mortuary</u>	ADDRESS <u>Neosho, Mo.</u>
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No. 300
10-48
730
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 1 1952

RECEIVED

NEWTON

NEWTON, MISSOURI

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 E. Hood*

Licensed Embalmer No. 4778

P. O. Address *Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.