

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36690**

BIRTH NO. _____		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 4224		Registrar's No. 80			
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) Forest City		c. LENGTH OF STAY (In this place) Lifetime		c. CITY OR TOWN Forest City		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0470					
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Miller		c. (Last) Blachly			
4. DATE OF DEATH		Month Dec		Day 7		Year 1955			
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 6, 1879			
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Forest City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Treadwell Sophar Blachly			13b. MOTHER'S MAIDEN NAME Francis Jane Anno			14. NAME OF HUSBAND OR WIFE Catharine Blachly			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-14-4187		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edward Mansil				ADDRESS Forest City, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Lymphocytic Leukemia				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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.				2040					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 July 1, 1953 , to Dec 7, 1955 , that I last saw the deceased alive on Dec 7, 1955 , and that death occurred at 6 P. m., from the causes and on the date stated above.									
23a. SIGNATURE Isaac J. Sweaney M.D.				23b. ADDRESS Oregon, Missouri		23c. DATE SIGNED 12-8-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 9, 1955		24c. NAME OF CEMETERY OR CREMATORY Forest City		24d. LOCATION (City, town, or county) (State) Forest City, Missouri			
DATE REC'D BY LOCAL REG. 12-10-55		REGISTRAR'S SIGNATURE James H Crawford			25. FUNERAL DIRECTOR'S SIGNATURE James H Pritchett				
					ADDRESS Oregon Mo				

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 *James H. Pettigrew*.....
Licensed Embalmer No. *319*.....
P. O. Address *Oregon*.....

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.