

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4200**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. CITY OR TOWN Boonville	
c. LENGTH OF STAY (in this place) 15 yrs		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 Haga Nursing Home		e. STREET ADDRESS (If rural, city location) 117 High Street	

3. NAME OF DECEASED (Type or Print) EFFIE - - - BLACKSTONE			4. DATE OF DEATH (Month) (Day) (Year) March-5-1956		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unwedded	8. DATE OF BIRTH July-2-1886	9. AGE (in years last birthday) 69	10. MONTHS -	11. DAYS -	12. HOURS -	13. MIN. -
----------------------	-------------------------------	--	-------------------------------------	---	---------------------	-------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Dance	11. BIRTHPLACE (City and State or Foreign Country) Pilot Grove MO	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	---

13a. FATHER'S NAME ELMER LACY	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE MAC-Blackstone
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Kates Gray - Bruncton Mo	ADDRESS 260X
---	-----------------------------------	---	---------------------

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		INTERVAL BETWEEN ONSET AND DEATH 5 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES	DUE TO (b) Arterio-sclerosis	DUE TO (c) Diabetes	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			

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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **Feb 21, 1956** to **3/5, 1956**, that I last saw the deceased alive on **3/5, 1956**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. DeGraze MD	23b. ADDRESS Boonville Mo	23c. DATE SIGNED 3/7/56
--	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar-9-1956	24c. NAME OF CEMETERY OR CREMATORY Bruncton Mo Bur - Bruncton Mo	24d. LOCATION (City, town, or county) (State) Pilot Grove Mo
---	-----------------------------	---	---

DATE RECD BY LOCAL REG. 3/8/56	REGISTRAR'S SIGNATURE DeHooper	25. FUNERAL DIRECTOR'S SIGNATURE Hays & Panster	ADDRESS Pilot Grove Mo
---------------------------------------	---------------------------------------	--	-------------------------------

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

0212
4

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 *Peypore E. Flay*

Licensed Embalmer No. *387*

P. O. Address *Pilot Grove*

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.