No. 300
10.48

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

FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6014

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNE TERRE
c. LENGTH OF STAY (In this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BONNE TERRE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MADISON
c. CITY OR TOWN: FREDERICKTOWN
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 111 DELMAR 062/1

3. NAME OF DECEASED (Type or Print)
a. (First): CURTIS
b. (Middle): FRANKLIN
c. (Last): BLAKE

4. DATE OF DEATH (Month) (Day) (Year): FEB. 11, 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, ~~NEVER MARRIED~~, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 8, 1883
9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months: 7 Days: 3
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): JEFFERSON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ANDREW H. BLAKE
13b. MOTHER'S MAIDEN NAME: MARGARET V. GRAHAM
14. NAME OF ~~HUSBAND~~ OR WIFE: NELLIE BLAKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 498-12-3205
17. INFORMANT'S SIGNATURE OR NAME: HELEN KAUFFMAN
ADDRESS: FREDERICKTOWN, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, Rt. L. — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

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: 331X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 6, 1956, *to* Feb 11, 1956, *that I last saw the deceased alive on* Feb. 11, 1956, *and that death occurred at* 4:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert A. Huckstep (Degree or title) M.D.
23b. ADDRESS: Farmington, Mo.
23c. DATE SIGNED: 2/14/56

24a. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): BURIAL
24b. DATE: FEB. 13, 1956
24c. NAME OF CEMETERY ~~OR CREMATORY~~: COOL SPRINGS CEM.
24d. LOCATION (City, town, or county) (State): WAYNE COUNTY, MO.

DATE REC'D BY LOCAL REG.: Feb. 14, 1956
REGISTRAR'S SIGNATURE: Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE: J. Adamson
ADDRESS: FREDERICKTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 435

P. O. Address FREDERICK

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.