No. 300
10.48

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12594

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3009 Registrar's No. 240

0161

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Mo
c. LENGTH OF STAY (In this place): Permanent
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 508 Greenferry Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Mo 0161
d. STREET ADDRESS (If rural, give location): 508 Greenferry Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) c. (Last) Blayloek
4. DATE OF DEATH (Month) (Day) (Year): April 17 1956
5. SEX: F
6. COLOR OR RACE: a
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 13 - 1873
9. AGE (In years last birthday): 83 IF UNDER 1 YEAR: Months 7 Days 4 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Keepinghouse
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: Wm. Smith
13b. MOTHER'S MAIDEN NAME: Martha Sutton
14. NAME OF HUSBAND OR WIFE: W.F. Blayloek Dec
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.: none
17. INFORMANT'S SIGNATURE OR NAME: Arlie Blayloek ADDRESS: Jackson Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

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) Cardio-vascular disease & Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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* Apr. 22, 19 55 *to* Apr. 17th, 19 56, *that I last saw the deceased alive on* Apr. 17, 19 56, *and that death occurred at* 4:20 P *m.; from the causes and on the date stated above.*

23a. SIGNATURE: Albert L. Tindall (Degree or title) D.O.
23b. ADDRESS: Jackson, Mo.
23c. DATE SIGNED: 4/17/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/19/56
24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetary
24d. LOCATION (City, town, or county) (State): 1 Mi E. Oriole Mo

DATE REC'D BY LOCAL REG.: 4-18-56
REGISTRAR'S SIGNATURE: E. E. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: Denecke-Laird ADDRESS: Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10 1956

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 .....
Student Embalmer

Signed R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, 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 this body is not embalmed, fact should be so stated above.