

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17464

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 197

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Francois | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre | | c. CITY OR TOWN Farmington | |
| c. LENGTH OF STAY (in this place) 1 wk | | 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 BonnerTerre Hospital | | STREET ADDRESS (If rural, give location) 218 W. College | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Lena c. (Last) Blaylock | | | 4. DATE OF DEATH (Month) (Day) (Year) May 21 1956 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Dec 4, 1888 | | 9. AGE (In years last birthday) 67 | | 10. IF UNDER 1 YEAR Days 5 IF UNDER 24 HRS. Hours 17 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Jackson, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Henry Cleve | | 13b. MOTHER'S MAIDEN NAME Mary Meyer | | 14. NAME OF HUSBAND OR WIFE Pirl Blaylock | |
| 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. 493-03-9934 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pirl Blaylock Farmington, Mo. | |

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|--|--|---------------------------------|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydronephrosis & uremia | | DUE TO (b) Unknown Cause | | | at least one year | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the Cervix | | | | | | |

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|--|--|--|--|---|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 601XH | | | 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 type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from June, 1955 to May 2, 1956, that I last saw the deceased alive on May 21, 1956, and that death occurred at 10:15 pm, from the causes and on the date stated above.

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|--|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) Robert A. Huckstep M.D. | | 23b. ADDRESS Farmington, Mo. | | 23c. DATE SIGNED 5/22/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5/23/56 | | 24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Farmington, Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE Ether Redloff | | ADDRESS Miller Funeral Home, Farmington, Mo. | |
| DATE REC'D BY LOCAL REG. 5-22-56 | | | | | |

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 Paul K. Dugal

Licensed Embalmer No. 417

P. O. Address Farmington

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.