

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30121**

FILED SEP 24 1956

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

3270

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5247</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH <u>Mi. W. of Randolph</u> a. COUNTY <u>Chariton/ Co. line, Hi. 24</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>rural, Salisbury</u>		c. LENGTH OF STAY (in this place) <u>moment</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>		0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/4 Mi. West of Randolph Co. Line</u>				d. STREET ADDRESS (If rural, give location) <u>So. Weber</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna Virginia</u>		b. (Middle) _____		c. (Last) <u>Blake</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 16, 1956</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Aug. 11, 1932</u>	
9. AGE (In years last birthday) <u>24 yrs.</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>5</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Private Homes</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Salisbury Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				13a. FATHER'S NAME <u>Louis Blake</u>		13b. MOTHER'S MAIDEN NAME <u>Closceil Hayes</u>	
14. NAME OF HUSBAND OR WIFE				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No.</u>			
16. SOCIAL SECURITY NO. <u>499-38-8718</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Closceil Hayes, Salisbury, Mo.</u>			
17. ADDRESS				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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chest Injury</u>				MEDICAL CERTIFICATION			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile Collision</u>				INTERVAL BETWEEN ONSET AND DEATH			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8164</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DATE SIGNED <u>Sept 16/1956</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Mi. W. of Chariton-Randolph county line</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>021</u> (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 16/1956 3:30 A.M.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision Two Automobiles</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. E. D... of Newton County</u>				23b. ADDRESS <u>Key town Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept 18-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-17-56</u>		REGISTRAR'S SIGNATURE <u>H. H. Hawkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas B. Wenzelmeier</u>		ADDRESS <u>Salisbury Mo.</u>	

SEP 25 1956

SEP 26 1956

NS NOV 1 1960

DEC 1 1956

NS DEC 1 1960

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 *Chas B Winkelman*

Licensed Embalmer No. *3842* (384)

P. O. Address *Salisbury, 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.