

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH32956  
State File No. ....

FILED OCT 8 1956

BIRTH NO. ....		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>6249</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and in institution). a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. NO. 1 - PIEDMONT</u>		c. LENGTH OF STAY (in this place) <u>10YR.</u>		c. CITY OR TOWN <u>R.F.D. NO. 1 PIEDMONT</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				e. STREET ADDRESS (If rural, give location) <u>Benton Township 1110</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>		b. (Middle) <u>ALBERT</u>		c. (Last) <u>BLAKE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 18 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 14, 1883</u>	
9. AGE (in years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ROAD WORK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HARTFORD CONN.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>ROBERT BLAKE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MORGAN</u>		14. NAME OF HUSBAND OR WIFE <u>SADIE ANN BLAKE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SADIE ANN BLAKE PIEDMONT, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca - lung type unknown</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>See Hospital</u> DUE TO (c) <u>Doctors Hosp. Taylor Bluff Mo</u>  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 <u>163x</u>		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) (Minute) m.		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 <u>9/18/56</u> 19, to <u>9/18/56</u> 19, that I last saw the deceased alive on <u>9/18/56</u> 19, and that death occurred at <u>9:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. H. Hines M.D.</u>				23b. ADDRESS <u>Piedmont Mo</u>		23c. DATE SIGNED <u>9/21/56</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN HILL</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR PIEDMONT Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 21, 1956</u>		REGISTRAR'S SIGNATURE <u>Hazel Hard</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Hark</u>		ADDRESS <u>Piedmont Mo.</u>	

OCT 5 1956 OCT 5 1956  
WAYNE CO. HEALTH CENTER  
FILE NO. \_\_\_\_\_

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### 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 Me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Mary E Bowles.....

Licensed Embalmer No. 442

P. O. Address Piedmont, Va

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.