

FILED APR 4 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8984

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Independence <u>70058</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanit. & Hosp Length of stay in lb 7 yrs.		d. STREET ADDRESS (If outside, give location) 1003 East Alton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CHARLES Middle F. Last BLAKE			4. DATE OF DEATH Month Mar. Day 26 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1875	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent		10b. KIND OF BUSINESS OR INDUSTRY North. Pac. & Canadian Natl. Railroads		11. BIRTHPLACE (City and state or country) Freeport, Illinois	
13. FATHER'S NAME Frederick Blake			14. MOTHER'S MAIDEN NAME Roae		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. —		17. INFORMANT Louise A. Blake, Independence, Missouri Address _____	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Left heart failure	hours
	DUE TO (c) Arteriosclerotic Cardiovascular disease	Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY, Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>May 1956</u> to <u>3/26/57</u> and last saw ^{him} alive on <u>3/26/57</u> . Death occurred at <u>9:45 A.</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Vance E. Link (Degree or title) MD		22b. ADDRESS 10901 Winger Rd. Independence, Mo	
		22c. DATE SIGNED 3/26/57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 29, 1957		23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery		23d. LOCATION (City, town, or county) (State) Independence, Missouri	
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo. ADDRESS _____		25. DATE RECD. BY LOCAL REG. 3-29-57		26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
000-56
Disease in Part I must be casual related. Coroner cannot certify to a death due to natural causes. No symptoms were observed.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold E. Keadre*

Licensed Embalmer No. *46*

P. O. Address *Indy*

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