

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020786
State File No.

FILED JUL 15 1958

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 60

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

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Forest City</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>Community Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Minton Township</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>TREADWELL</u> b. (Middle) <u>SOPHAR</u> c. (Last) <u>BLACHLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 4, 1876</u>		9. AGE (In years last birthday) <u>81</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Forest City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Treadwell S. Blachly</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Jane Anno</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Faye Blachly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-40-9158</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Paul Atkins, Coffeyville, Kansas</u>	

18. CAUSE OF DEATH Enter only one line for (a), (b) and (c) <i>This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>		1 week
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>0</u> 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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Sept. 1, 1954, to July 3, 1958, that I last saw the deceased alive on July 3, 1958, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. F. Sweeney</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Oregon, Missouri</u>		23c. DATE SIGNED <u>7/5/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/6/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest City</u>	24d. LOCATION (City, town, or county) (State) <u>Forest City, Missouri</u>		

DATE REC'D BY LOCAL REG <u>July 9, 1958</u>	REGISTRAR'S SIGNATURE <u>Merwin H. Schoeder</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James F. Pettigrew</u>		ADDRESS <u>Oregon, Mo.</u>
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JUL 1951

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..... *Camie H. Pettigrew*

Licensed Embalmer No. *319*

P. O. Address *Oregon*

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.