

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002052
STATE FILE NO.

FILED JAN 12 1959 Registration District No. 187 Primary Registration District No. 5700 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairview Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Fairview Twp.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 Mi. S.E. of Chillicothe, Mo		Length of stay in lb 8 yrs.	d. STREET ADDRESS (If outside, give location) 9 Mi. S.E. of Chillicothe
3. NAME OF DECEASED (Type or print) First HUNTER. Middle Last BLAKELY		4. DATE OF DEATH Month Jan. Day 4 Year 1959	
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 Dec. 27, 1892
9. AGE (In years last birthday) 66		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Brunswick, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Blakely	
13b. MOTHER'S MAIDEN NAME Alice May Johnson		14. NAME OF HUSBAND OR WIFE Fairy Belle Griffin	
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. 497-40-5142	17. INFORMANT PER# 2 Mrs. Hunter Blakely Chillicothe, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism			INTERVAL BETWEEN ONSET AND DEATH 30 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332x			19. WAS AUTOPSY PERFORMED? 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 _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 3-59 to Jan 4-59 and last saw ^{her} him alive on Jan. 4-59 Death occurred at Nine Forty Five A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph A. Conrad M.D. (Degree or title)		22b. ADDRESS Chillicothe, Mo	
22c. DATE SIGNED Jan 5-59		22d. DATE SIGNED	
23a. BURIAL, CREMATION, RENOVAL (Specify) Burial		23b. DATE 1-6-59	23c. NAME OF CEMETERY OR CREMATORY Avalon Cemetery
23d. LOCATION (City, town, or county) Avalon, Missouri		(State)	
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME		ADDRESS Chillicothe, Missouri	25. DATE RECD. BY LOCAL REG. 1-5-59
26. REGISTRAR'S SIGNATURE Frances B. Nail			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

health, welfare, public service, 300, -57, Director, coroner, etc. must use only standard forms. All diseases in Part I must be causally related.

JAN 19 1950

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 *Elton Norman*

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.