

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 18 1959

59-028818

STATE FILE NUMBER

Registration District No. 733 Primary Registration District No. \_\_\_\_\_ Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Harrison</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Dallas Twp.</b>			Length of stay in 1b <b>11 Yrs.</b>	c. CITY OR TOWN <b>New Hampton,</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 5 Mi. No. New Hampton, Mo.</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5 Miles North New Hampton</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Della Etta Blaise</b>				4. DATE OF DEATH Month Day Year <b>Aug. 9, 1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/11/64</b>	9. AGE (last birthday) <b>94</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeper</b>		11. BIRTHPLACE (City and state or country) <b>Sigourney, Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Amaziah Covey</b>			13b. MOTHER'S MAIDEN NAME <b>Elizebeth Moody</b>			14. NAME OF HUSBAND OR WIFE <b>Peter P. Blaise (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No None</b>			16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Mary Stevens, New Hampton, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage 3 weeks</b> 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) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
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 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 <b>7-28-59</b> , to <b>8-5-59</b> , and last saw her alive on <b>Aug 3, 1959</b> Death occurred at <b>9:50 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased's title) <b>Merrian Gearhart</b>				22b. ADDRESS <b>Bethesda Mo</b>			22c. DATE SIGNED <b>8/10/59</b>
23a. BURIAL CREMATION <b>Burial</b>	23b. DATE <b>Aug. 11, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>		23d. LOCATION (City, town, or county) <b>Shelbyville, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>W.A. Noble &amp; Son New Hampton, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>8-10-1959</b>	26. REGISTRAR'S SIGNATURE <b>Della Massey</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*W. G. Noble*

Licensed Embalmer No. *2904*

P. O. Address *New Haven*

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.