

**IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS AUG 21 1959**

**59-028973**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3856 STATE FILE NUMBER

|   |  |  |   |
|---|--|--|---|
| <b>1. PLACE OF DEATH</b>  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) |   |
| a. COUNTY <b>Jackson</b>  |  | a. STATE <b>Missouri</b>   | b. COUNTY <b>Randolph</b>   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>           |  | c. CITY OR TOWN <b>HUNTSVILLE</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Length of stay in 1b<br><b>61 days</b>  |  | d. STREET ADDRESS (If outside, give location)<br><b>404 Depot</b>                            | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         |   |

|  |                  |                     |                         |               |                  |  |
|--|------------------|---------------------|-------------------------|---------------|------------------|--|
| <b>3. NAME OF DECEASED</b> (Type or print) |                  |                     | <b>4. DATE OF DEATH</b> |               |                  |  |
| First <b>JOE</b>                           | Middle <b>W.</b> | Last <b>BLAKLEY</b> | Month <b>AUGUST</b>     | Day <b>8,</b> | Year <b>1959</b> |  |

|                              |   |   |   |  |  |   |
|------------------------------|---|---|---|--|--|---|
| <b>5. SEX</b><br><b>MALE</b> | <b>6. COLOR OR RACE</b><br><b>WHITE</b> | <b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | <b>8. DATE OF BIRTH</b><br><b>6-15-95</b> | <b>9. AGE (last birthday)</b><br><b>64</b> | <b>IF UNDER 1 YEAR</b><br>Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> | <b>IF UNDER 24 HR</b><br>Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>CARPENTER</b> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> | <b>11. BIRTHPLACE</b> (City and state or country)<br><b>KEYTESVILLE, MISSOURI</b> | <b>12. CITIZEN OF WHAT COUNTRY</b><br><b>U.S.A.</b> |
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|  |   |  |
|--|---|--|
| <b>13a. FATHER'S NAME</b><br><b>WILLIAM A. Blakley</b> | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>NANCY J. ROBERTSON</b> | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>FRANCES</b> |
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|  |   |  |                |
|--|---|--|----------------|
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES WW I</b> | <b>16. SOCIAL SECURITY NO.</b><br><b>unk.</b> | <b>17. INFORMANT</b><br><b>Official Records VA Hospital, K.C., Mo.</b> | <b>Address</b> |
|--|---|--|----------------|

|   |  |  |
|---|--|--|
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                   |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b>  |
| IMMEDIATE CAUSE (a) <b>Bronchopneumonia and pulmonary edema</b>   |  |  |
| DUE TO (b) _____  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |  |
| DUE TO (c) <b>Bronchial carcinoma, l.u.l.</b>   |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) |
|--|--|---|

|  |  |   |                                     |               |              |
|--|--|---|-------------------------------------|---------------|--------------|
| <b>20c. TIME OF INJURY</b><br>Hour _____<br>a.m. _____<br>p.m. _____ | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/><br>NOT WHILE AT WORK <input type="checkbox"/> | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) | <b>20f. CITY, TOWN, OR LOCATION</b> | <b>COUNTY</b> | <b>STATE</b> |
|--|--|---|-------------------------------------|---------------|--------------|

**21.** **VA** attended the deceased from **JUNE 8, 1959** to **Aug 8, 1959**  Yes  No  Unknown  
Death occurred at **10:15 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

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| <b>22a. SIGNATURE</b><br><i>J. A. Turner</i> | <b>22b. ADDRESS</b><br><b>VA Hospital, K.C., Mo.</b> | <b>22c. DATE SIGNED</b><br><b>8-8-59</b> |
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|   |                                    |   |   |
|---|------------------------------------|---|---|
| <b>23a. BURIAL, CREMATION, OR REMOVAL (Specify)</b><br><b>Funeral</b> | <b>23b. DATE</b><br><b>8-10-59</b> | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><b>Salisbury Cem</b> | <b>23d. LOCATION (City, town, or county)</b><br><b>Salisbury Missouri</b> |
|---|------------------------------------|---|---|

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| <b>24. FUNERAL DIRECTOR</b><br><b>Sheely Funeral Home</b> | <b>ADDRESS</b> | <b>25. STATE RECD. BY LOCAL REG.</b><br><b>8-10-59</b> | <b>26. REGISTRAR'S SIGNATURE</b><br><i>Neval Marshall</i> |
|---|----------------|--|---|

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

AUG 21 1959

**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 Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address K.C. Mo.

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