

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035163

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 492

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Boone		b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		a. STATE Mo.		b. COUNTY Boone	
b. CITY OR TOWN Columbia		Length of stay in 1b 10 days		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1211 E. Walnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Virgil		Middle		Last Blakemore		Month Day Year Oct. 16 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/18/1870	9. AGE (last birthday) 89	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) Optometrlist		10b. KIND OF BUSINESS OR INDUSTRY Optometry		11. BIRTHPLACE (City and state or country) Slater, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME T. B. Blakemore			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Blake-Mabel C. Woods more		
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. -		17. INFORMANT Address Hospital Records Columbia, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		Coronary Thrombosis					sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)		Generalized Arteriosclerosis				20 years
	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.		
Gangrene left leg					<input type="checkbox"/> Yes <input 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 a.m. p.m.	Month, Day, Year						
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 October 7, 1959 to October 16, 1959 and last saw her/him alive on October 15, 1959 Death occurred at 2:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Richard D. Gayson, M.D.			22b. ADDRESS 1005 Cherry, Columbia, Missouri			22c. DATE SIGNED Oct. 18 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/18/59	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Columbia, Missouri		(State)	
24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle Columbia, Mo.			25. DATE RECD. BY LOCAL REG. Oct 18 1959		26. REGISTRAR'S SIGNATURE Mrs R E Palmer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 28 1959 SA

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 _____

Licensed Embalmer No. AA 23

P. O. Address Columbus

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.