URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1959

59-036006

STATE FILE NUMBER

ENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette — Length of stay in 1b: 5 da.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN Fayette — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 303 S. Main Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ANNA Middle: LOU Last: BLAKEMORE

4. DATE OF DEATH Month: Nov. Day: 5, Year: 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/6/1871
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months: 11 Days: 29 — IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Howard Co. Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George W. Potter
13b. MOTHER'S MAIDEN NAME: Minerva Ann Gatewood
14. NAME OF HUSBAND OR WIFE: James Neville Blakemore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Udell Blakemore Address: Marshall, Mo

MEDICAL CERTIFICATION

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)	Traumatic shock	5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Fracture, femoral neck, rt hip	"
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) not known
20c. TIME OF INJURY not known Hour a.m. p.m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rhodes Convalescent Home
20f. CITY, TOWN, OR LOCATION: Fayette COUNTY: Howard STATE: Missouri

21. I attended the deceased from Oct 31, 1959, to Nov 5, 1959 and last saw her/him alive on Nov 4, 1959
Death occurred at 7:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. J. Shaw, Jr (Degree or title) M.D.
22b. ADDRESS: Lee Hospital, Fayette, Mo
22c. DATE SIGNED: 11-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/7/59
23c. NAME OF CEMETERY OR CREMATORY: Walmut Ridge Cemetery
23d. LOCATION (City, town, or county) (State): Fayette, Missouri

24. FUNERAL DIRECTOR: Ralph A Carr ADDRESS: Fayette, Mo
25. DATE RECD. BY LOCAL REG.: Nov. 6, 1959
26. REGISTRAR'S SIGNATURE: Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

FEB 2 1960

STATEMENT BY LICENSED EMBALMER

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

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette,

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