

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039295

FILED VS. NOV 3 0 1959

STATE FILE NUMBER

Registration District No. 62 Primary Registration District No. 4108 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stockton		Length of stay in 1b 20 yrs.		c. CITY OR TOWN Stockton		Inside Limits Yes ☒ No ☐					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 406 E. Oak St.			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) 406 E. Oak St.		Reside on Farm Yes ☐ No ☒				
3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH CAROLINE BLAKE				4. DATE OF DEATH Month Day Year Nov. 19, 1959							
5. SEX Female		6. COLOR OR RACE White		7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 11/4/1877		9. AGE (last birthday) 82			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer		10b. KIND OF BUSINESS OR INDUSTRY State Welfare		11. BIRTHPLACE (City and state of country) Stockton, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		IF UNDER 1 YEAR Months Days Hours Min. 0 15			
13a. FATHER'S NAME Thomas V. Blake			13b. MOTHER'S MAIDEN NAME Mary Emery			14. NAME OF HUSBAND OR WIFE					
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 Marmaduke E. Blake, Stockton, Mo.				Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerotic cardio-vascular disease DUE TO (c) hypertension INTERVAL BETWEEN ONSET AND DEATH minutes seconds								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.)							
20c. TIME OF INJURY Hour s.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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from 9.27.44 to 11.59 and last saw her alive on 9.8.59 Death occurred at 9:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Wm. B. Richter M.D.				22b. ADDRESS Stockton Mo.				22c. DATE SIGNED (State) 11/19/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/22/1959		23c. NAME OF CEMETERY OR CREMATORY Stockton City Cemetery		23d. LOCATION (City, town, or county) Stockton, Mo.					
24. FUNERAL DIRECTOR Carlton F. Home, Stockton Mo.				25. DATE RECD. BY LOCAL REG. 11-21-59		26. REGISTRAR'S SIGNATURE Geneva Garrison					

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, Me

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.