

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040983

FILED VS DEC 11 1959 209

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra		c. CITY OR TOWN Palmyra	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence R R # 3		d. STREET ADDRESS (If outside, give location) R F D # 3	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LYDIA BLECKE	4. DATE OF DEATH Month Day Year November 28, 1959
--	--

5. SEX Female	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 8/3/1871	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
-------------------------	----------------------------------	---	-------------------------------------	-------------------------------------	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Palmyra Missouri	12. CITIZEN OF WHAT COUNTRY U S A
---	-----------------------------------	---	---

13a. FATHER'S NAME Louis Quest	13b. MOTHER'S MAIDEN NAME Margaret Brosi	14. NAME OF HUSBAND OR WIFE Henry Blecke (Dec. 9/15/43)
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Joseph Weyand Palmyra Missouri	Address
---	-------------------------	--	---------

18. CAUSE OF DEATH (Enter only one cause per line and (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour
DUE TO (b) Arterio Sclerotic heart disease		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinomatosis from Carcinoma of breast		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 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 Palmyra	COUNTY Marion	STATE Missouri
--	--	--	-------------------------	--------------------------

21. I attended the deceased from **1950** to **Nov 28, 1959** and last saw her alive on **Nov 14, 1959**
Death occurred at **2:00 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS Palmyra Mo	22c. DATE SIGNED 11/30/59
--	-----------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMAINS (Specify) Burial	23b. DATE 11/30/1959	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) Palmyra Missouri
--	--------------------------------	---	--

24. FUNERAL DIRECTOR W. Crawford Smith Hannibal Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-3-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
--	---------	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

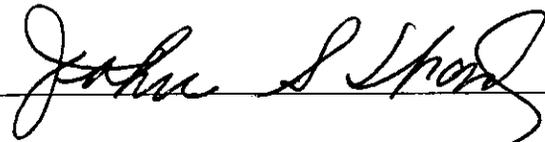
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.