

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59 0 4 4 6 2 4

FILED VS. JAN 5 1960 172

STATE FILE NUMBER

Registration District No. Primary Registration District No. 4274 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HULLVILLE</u>		Length of stay in 1b	c. CITY OR TOWN <u>HULLVILLE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>LOTTIE MAE BLAKLEY</u>			4. DATE OF DEATH Month Day Year <u>12 31 1959</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 31 1889</u>	9. AGE (last birthday) <u>76</u>	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) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>BATES CITY MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W B LITTLESTON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>(DECEASED) EDWARD BLAKLEY</u>		
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 Address <u>MRS TOLLIE HALL HOUSTON TEXAS</u>		

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) <u>Acute Circulatory Failure</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CORONARY THROMBOSIS &amp; INFARCTION</u> DUE TO (c) <u>ARTERIO SCLEROSIS</u>		

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. <input type="checkbox"/> Yes <input checked="" 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 Month, Day, Year a.m. p.m.		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 JUNE 23, 1954 to DEC 15, 1959 and last saw her <sup>her</sup> <sub>him</sub> alive on Dec. 15, 1957  
 Death occurred at FIVE, P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Edwin Wilson D.O.</u>	(Degree or title)	22b. ADDRESS <u>Higginsville, Mo.</u>	22c. DATE SIGNED <u>1/2/60</u>
--	-------------------	--	-----------------------------------

23a. BURIAL, CREATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN 2 - 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OBESSA</u>	23d. LOCATION (City, town, or county) <u>OBESSA MISSOURI</u>
---	----------------------------------	---	---

24. FUNERAL DIRECTOR <u>WIEGERS-RIEKHOE</u>	ADDRESS <u>Higginsville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 4 - 1960</u>	26. REGISTRAR'S SIGNATURE <u>Lucie Gordon Jordan</u>
--	-----------------------------------	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 7

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 Roy F. Wiegans

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.