

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS FEB 16 1960

-60-009580
 STATE FILE NUMBER

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sherrill Licking Co. Wmck</u>		c. CITY OR TOWN <u>Plato</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>On Big Runy River - Near Plato town</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Elijah Francis Blake</u>		DATE OF DEATH Month Day Year <u>Feb 2, 1960</u>	
5. SEX <u>M</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>2-27-1984</u>
9. AGE (last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during hours of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentist</u>	11. BIRTHPLACE (City and state or country) <u>Den. Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>US</u>		13a. FATHER'S NAME <u>Charles Blake</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Oraby</u>		14. NAME OF HUSBAND OR WIFE <u>Edie Frances Blake (Dec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Meda Sudheimer Plato Mo</u>	
17. INFORMANT <u>Meda Sudheimer Plato Mo</u>		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) <u>Cardiac & pulmonary arrest</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Severe systemic shock & internal bleeding</u>			
DUE TO (c) <u>Auto accident with multiple fractures of legs, spine, ribs</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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>auto ran off road after striking budge</u>	
20c. TIME OF INJURY Hour <u>3</u> Month, Day, Year p.m. <u>2-2-60</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>7 miles North of Licking</u>	20f. CITY, TOWN, OR LOCATION <u>LICKING, TEXAS, MO.</u>	COUNTY STATE
21. I attended the deceased from <u>Feb 2, 1960</u> to <u>Feb 2, 1960</u> and last saw him alive on <u>Feb 2, 1960</u> Death occurred at <u>4 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. J. Myers D.O.</u>		22b. ADDRESS <u>Licking, Mo</u>	22c. DATE SIGNED <u>2-8-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-5-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Cemetery</u>	23d. LOCATION (City, town or county) (State) <u>Texas Co Mo</u>
24. FUNERAL DIRECTOR <u>Smith - Ferguson Licking Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 8, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Almora E. Hesse</u>

(Licensed Embalmer's Statement on Reverse Side)

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Huberto Figue

Licensed Embalmer No. 3945

P. O. Address Richmond

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.