

## FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

-60-029088

ENDED

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 2047 STATE FILE NUMBER

|                                                                                                                                                                                                                                                                                                                         |  |                                                                                                           |  |                                                                                                                                                             |  |                                                                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>                                                                                                                                                                                                                                                                         |  |                                                                                                           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>                   |  |                                                                                                                                                                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Overland</b>                                                                                                                                                                                                                                    |  | Length of stay in lb<br><b>35 mons.</b>                                                                   |  | c. CITY OR TOWN <b>Overland</b>                                                                                                                             |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                 |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>3522 Dix</b>                                                                                                                                                                                                                          |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |  | d. STREET ADDRESS (If outside, give location)<br><b>3522 Dix Ave.</b>                                                                                       |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                           |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>DORIS DEAN BLAKER</b>                                                                                                                                                                                                                                    |  |                                                                                                           |  | 4. DATE OF DEATH<br>Month Day Year<br><b>July 6 1960</b>                                                                                                    |  |                                                                                                                                                                      |  |
| 5. SEX<br><b>Female</b>                                                                                                                                                                                                                                                                                                 |  | 6. COLOR OR RACE<br><b>White</b>                                                                          |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>7-12-1887</b>                                                                                                                                 |  |
| 9. AGE (last birthday)<br><b>72</b>                                                                                                                                                                                                                                                                                     |  | IF UNDER 1 YEAR<br>Months Days                                                                            |  | IF UNDER 24 HR<br>Hours Min.                                                                                                                                |  |                                                                                                                                                                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>                                                                                                                                                                                                         |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>                                                          |  | 11. BIRTHPLACE (City and state or country)<br><b>Sedalia, Mo.</b>                                                                                           |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>                                                                                                                       |  |
| 13a. FATHER'S NAME<br><b>Overton DeannRizer</b>                                                                                                                                                                                                                                                                         |  | 13b. MOTHER'S MAIDEN NAME<br><b>Sally Mayfield</b>                                                        |  | 14. NAME OF HUSBAND OR WIFE<br><b>Herbert L. Dcd.</b>                                                                                                       |  |                                                                                                                                                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                                                                                                                                                                                |  | 16. SOCIAL SECURITY NO.                                                                                   |  | 17. INFORMANT<br>Address<br><b>Herbert L. Blaker 3522 Dix Ave.</b>                                                                                          |  |                                                                                                                                                                      |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pneumonia</b><br>DUE TO (b) <b>Aspiration Pneumonia</b><br>DUE TO (c) <b>Emphysema</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |                                                                                                           |  |                                                                                                                                                             |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 days</b>                                                                                                                    |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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                                                                                                                                |  | COUNTY STATE                                                                                                                                                         |  |
| 21. I attended the deceased from <b>1-1-60</b> to <b>present</b> and last saw her alive on <b>7-5-60</b><br>Death occurred at <b>3:10 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                         |  |                                                                                                           |  |                                                                                                                                                             |  |                                                                                                                                                                      |  |
| 22a. SIGNATURE<br><b>Maurice P. ...</b><br>(Degree or title)                                                                                                                                                                                                                                                            |  |                                                                                                           |  | 22b. ADDRESS<br><b>COO N. E. ...</b>                                                                                                                        |  | 22c. DATE SIGNED<br><b>7-6-60</b>                                                                                                                                    |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                                                                             |  | 23b. DATE<br><b>7-8-1960</b>                                                                              |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Smithton Cemetery</b>                                                                                              |  | 23d. LOCATION (City, town, or county) (State)<br><b>Smithton, Mo.</b>                                                                                                |  |
| 24. FUNERAL DIRECTOR<br><b>BAUMANN BROS. INC.</b><br><b>3504 WOODSON RD. OVERLAND, MO.</b>                                                                                                                                                                                                                              |  |                                                                                                           |  | 25. DATE RECD. BY LOCAL REG.<br><b>7-7-60</b>                                                                                                               |  | 26. REGISTRAR'S SIGNATURE<br><b>J. B. ...</b>                                                                                                                        |  |

(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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David C. Gibbs

Licensed Embalmer No. 34574

P. O. Address Overland

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