

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028794

STATE FILE NUMBER

AMENDED

Registration District No. 100Primary Registration District No. 3018

Registrar's No. _____

FILED AUG 31 1961

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Length of stay in 1b 2 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Knox Nursing Home		Inside Limits Yes ☒ No ☐	
d. STREET ADDRESS x		(If outside, give location) Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Homer Middle Jennings Last Blake		4. DATE OF DEATH Month August Day 26 Year 1961	
5. SEX male	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 7-27-00
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Timber work	
11. BIRTHPLACE (City and state or country) Shannon County Mo		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Chas Edwards Blake		13b. MOTHER'S MAIDEN NAME Margaret Lanhan	
14. NAME OF HUSBAND OR WIFE Ann Rose		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. x		17. INFORMANT Address Delmar Parker Bunker Mo	
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 Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. Atherosclerosis DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Poss. Ca. of Colon and Prostate		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 _____ a.m. _____ p.m. Month, Day, Year Aug. 24-61	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 Salem, Missouri
21. I attended the deceased from Aug. 24-61 to Aug. 26, 1961 and last saw her/him alive on Aug. 26-61		Death occurred at 10.45 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Joseph R. Burnett DO		22b. ADDRESS Salem, Missouri	
22c. DATE SIGNED 8-28-61		23a. BURNAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 8-28-61		23c. NAME OF CEMETERY OR CREMATORY Blake Cem	
23d. LOCATION (City, town, or county) Shannon County Mo		24. FUNERAL DIRECTOR ADDRESS Spencer Funeral Home Inc	
25. DATE RECD. BY LOCAL REG. 8/28/61		26. REGISTRAR'S SIGNATURE M. M. Stark, M.D. by AM	

(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 _____

Licensed Embalmer No. 9370

P. O. Address Salem, 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.