

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-033948

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. — Registrar's No. 367

STATE FILE NUMBER

FILED SEP 26 1961

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 1Y; 1M; 29 days.	c. CITY OR TOWN Hornersville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS Route 1 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CHARLES Middle HARRISON Last BLAKE			4. DATE OF DEATH Month September Day 11 Year 1961		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 20, 1902	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months 6 Days 22	IF UNDER 24 HR Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Arkansas	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Lafayette Blake	13b. MOTHER'S MAIDEN NAME Elizabeth Hicks	14. NAME OF HUSBAND OR WIFE May Adams
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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.	17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation due to foreign body (food) lodged in trachea		INTERVAL BETWEEN ONSET AND DEATH 5 minutes.
DUE TO (b) _____		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Chronic brain syndrome associated with cerebral arteriosclerosis with psychotic reaction.		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
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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.)
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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 Farmington, Missouri	COUNTY Dunklin	STATE Missouri
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21. I attended the deceased from Oct. 10, 1960 to Sept. 11, 1961 and last saw ^{DECEASED} him alive on Sept. 11, 1961	
Death occurred at 12:40 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <i>John A. Brennan M.D.</i>	22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 9-12-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-13-61	23c. NAME OF CEMETERY OR CREMATORY Lulu Cemetery	23d. LOCATION (City, town, or county) (State) Near Senath, Missouri (Dunklin Co.)
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24. FUNERAL DIRECTOR ADDRESS Howard Funeral Home, Leachville, Arkansas	25. DATE RECD. BY LOCAL REG. Sept 13, 1961	26. REGISTRAR'S SIGNATURE <i>Ether R. Rudloff</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

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 _____

Licensed Embalmer No. 4089

P. O. Address Farmington

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.