

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1963

-63-000947

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No.

Registrar's No. 7

VS 300
Rev. 4/59

10330

2330

3

4 1

5 2

6

7 0

8 0

9331X

10

11

12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bunker		Length of stay in 1b 2 yrs	c. CITY OR TOWN Bunker Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at residence		Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) X Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Margaret Middle Virginia Last Blake		4. DATE OF DEATH Month Jan Day 16 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 10-31-73
9. AGE (last birthday) 89		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) Jefferson Co Mo
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Berry Hardin Lanham	
13b. MOTHER'S MAIDEN NAME Sophia Mooney		14. NAME OF HUSBAND OR WIFE Charlie Blake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. X	
17. INFORMANT Mrs Derlmar Parker Bunker Mo		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) Cerebral vascular accident Arterial hypertension Arteriosclerosis Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. DUE TO (b) Arterial hypertension DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH	
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: ☐ 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		
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	COUNTY STATE
21. I attended the deceased from 10/18/56 to 1/15/63 and last saw her alive on 1/15/63 Death occurred at 1:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Shannon Newman</i> (Degree or title) D.O.		22b. ADDRESS Centerville, Mo.	22c. DATE SIGNED 1/18/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 18-63	23c. NAME OF CEMETERY OR CREMATORY Delmar	23d. LOCATION (City, town, or county) (State) Shannon Co Mo
24. FUNERAL DIRECTOR Spencer Funeral Home Inc		25. DATE RECD. BY LOCAL REG. 1-18-63	26. REGISTRAR'S SIGNATURE <i>M. J. ...</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

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

Stephen E. Robinson

Licensed Embalmer No. 5181

P. O. Address

Salem, Ma

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.