

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-017035

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. _____ Registrar's No. 158

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

1 0800

2 0800

3

4 0

5 0

6

7 0

8 2

9 9976X

10

11

12 90-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Pettis | | a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cedar Township | | c. CITY OR TOWN Sedalia | |
| Length of stay in lb Life | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 miles N. E. Sedalia | | d. STREET ADDRESS (If outside, give location) 9 miles N. E. | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH |
| First DEAN Middle MORGAN Last BLAYLOCK | | | Month May Day 6 Year 1963 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-23-1915 |
| 9. AGE (last birthday) 47 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 11. BIRTHPLACE (City and state or country) Pettis County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13. NAME OF HUSBAND OR WIFE None | |
| 13a. FATHER'S NAME George Henry Blaylock | | 13b. MOTHER'S MAIDEN NAME Josephine Cochran | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT Harold Blaylock, Route 5, Sedalia, Mo. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line) | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: | | | |
| IMMEDIATE CAUSE (a) Suicide by firearm. | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| 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 (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 checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suicide by firearm | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year 5-6-63 | | |
| 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.) Home | 20f. CITY, TOWN, OR LOCATION Pettis Mo | |
| 21. I VIEWED the deceased from Es Corner and last saw her/him alive on _____ | | Death occurred at 6:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 21a. SIGNATURE Oliver Jordan Schaeffeler (Degree or title) | | 21b. ADDRESS Corner, Pettis Co | 21c. DATE SIGNED 5-7-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 8, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery | 23d. LOCATION (City, town, or county) (State) Pettis County, Missouri |
| 24. FUNERAL DIRECTOR D.W. Heckart, Gillespie Funeral Home | | ADDRESS Sedalia, Mo. | 25. DATE RECD. BY LOCAL REG. May 8, 1963 |
| 26. REGISTRAR'S SIGNATURE Frances Shelby per N. Anderson | | | |

USE BLACK INK OR TYPEWRITER RIBBON

DEC 8 1963

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. 692

working under my personal supervision.

Student [Signature]
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 3470

P. O. Address [Signature]

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.

0000
0000
0000
0000
0000