

FILED OCT 10 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29879

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 886	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Greene		b. CITY (If outside corporate limits, write RURAL and give township) Springfield		a. STATE Missouri		b. COUNTY Polk	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and the township OR TOWN Morrisville Rural - Hooper Twp.		d. STREET ADDRESS (If rural, give location) 1 mile N.W. Morrisville			
3. NAME OF DECEASED				4. DATE OF DEATH		5. SEX	
a. (First) Claud		b. (Middle) Ray		c. (Last) Blakey		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 10, 1885		9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman	
11. BIRTHPLACE (State or foreign country) Polk County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Blakey		13b. MOTHER'S MAIDEN NAME Susan Rivers	
14. NAME OF HUSBAND OR WIFE Rena Belle Blakey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Anne B. Blakey	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia				36 hrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				17 days	
		DUE TO (b) Cardiac failure				4 yrs.	
		DUE TO (c) Hypertensive cardio-				4 1/2 X	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. Vascular-Renal Disease					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1946 to Oct. 4, 1949 , that I last saw the deceased alive on Oct. 4, 1949 , and that death occurred at 7 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE W. W. Tillman, Jr. M.D.				23b. ADDRESS Citizens Bank Bldg. Springfield, Mo.		23c. DATE SIGNED 10-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10-6-49		24c. NAME OF CEMETERY OR CREMATORY Morrisville		24d. LOCATION (City, town, or county) (State) Morrisville, Mo.	
DATE REC'D BY LOCAL REG. 10-6-49		REGISTRAR'S SIGNATURE W. E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE Erwin Blue ADDRESS Blue, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—BANK BUILDING

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
Student Embalmer

Signed Edward B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, Mo

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 this body is not embalmed, fact should be so stated above.