

FILED MAR 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 4159

BIRTH NO. 6611-50 REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton <u>0170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bales Hospital		d. STREET ADDRESS (If rural, give location) RFD <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) STERLING b. (Middle) SIM c. (Last) BLAKLEY			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1950		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD ✓	
8. DATE OF BIRTH Feb. 15, 1950		9. AGE (In years last birthday) 3		IF UNDER 1 YEAR Months 3 Days 3 IF UNDER 24 HRS. Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY CHILD		11. BIRTHPLACE (State or foreign country) Bales Hospital <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Floyd Dale Blakley		13b. MOTHER'S MAIDEN NAME Margaret Albina Elliott		14. NAME OF HUSBAND OR WIFE XX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Floyd D. Blakley Carrollton, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pr-maturity <u>3 3/4 ll.</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		776X	

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from 15 Feb, 1950, to 15 Feb, 1950, that I last saw the deceased alive on 15 Feb, 1950 and that death occurred at 4:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Erroll Warren Allen MD		23b. ADDRESS Tina Mo		23c. DATE SIGNED 16 Feb 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/16/50		24c. NAME OF CEMETERY OR CREMATORY Arkadelphia	
				24d. LOCATION (City, town, or county) (State) Avalon, Missouri	

DATE REC'D BY LOCAL REG. 3/16/50		REGISTRAR'S SIGNATURE Dr. Herbert Calvert <u>43</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin Tina, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-20-50

RECEIVED

FEB 20

Medical Death Officer No. 8.

Date Recd. 3-2-50

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

baby not embalmed.

Student Embalmer No. _____

working under my personal supervision.

Signed *Clifford W Austin*

Signed _____
Student Embalmer

Licensed Embalmer No. *3233*

P. O. Address *Tina, 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.