

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4511

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4511</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			c. LENGTH OF STAY (in this place) <u>2 Weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>			<u>0241</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>402 E. Mississippi St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Felix</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Blakeley</u>	
						4. DATE OF DEATH (Month) (Day) (Year) <u>October 24, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>May 8, 1857</u>		9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR <u>2 1/2</u> Months <u>16</u> Days
IF UNDER 1 HR. Hours <u>Min.</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John C. Blakeley</u>			13b. MOTHER'S MAIDEN NAME <u>Julina Ann Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Lee Miller</u> ADDRESS <u>Liberty, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medial CERTIFICATION</u> <u>Measles Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Uremia - C.V.D.</u> DUE TO (c) <u>Fract</u> <u>Fract. L. Hip</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4d.</u> <u>2 wk</u> <u>E 9030</u> <u>3 wk</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>024</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty Clay Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 4 1950 3pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall on floor</u>			
22. I hereby certify that I attended the deceased from <u>10-4</u> , 19 <u>50</u> , to <u>Oct 24</u> , 19 <u>50</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>Oct 23</u> , 19 <u>50</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Glenn W. Hendren</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Liberty, Mo</u>		23c. DATE SIGNED <u>Oct 24 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10-26-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Cramer Co. Liberty, Mo</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Harold B. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.