

FILED MAR 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6800

State File No.

0610
4

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

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Rural</u>		c. LENGTH OF STAY (in this place) <u>6 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berwin Rural</u>		<u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Salvator Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>-</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Agnes</u> b. (Middle) _____ c. (Last) <u>Blake</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-5-53</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>1-18-23</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Michael Blake</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Keating</u>		14. NAME OF HUSBAND OR WIFE <u>-</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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ann Sweet Loan</u> ADDRESS <u>Berwin Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis</u> DUE TO (c) <u>5021</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Marfan's & Aortic Aneurysm</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>10-8-1952</u> , to <u>1-30-1953</u> , that I last saw the deceased alive on <u>1-30-1953</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. L. Deussen M.D.</u>				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Berwin Mo</u>			
DATE REC'D BY LOCAL REG. <u>2/21/53</u>	REGISTRAR'S SIGNATURE <u>Auth McNeely</u> 185			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Edwards</u> ADDRESS <u>Berwin Mo</u>			

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RECEIVED 2-2-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 9-3348
Date Filed 2-3-53

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *J. G. Edwards*

Signed.....
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address *Bewis 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.