

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22107

State File No. _____

| | | | | | | | |
|--|-------------------------------|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>750</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (In this place) <u>2 Yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | d. STREET ADDRESS (If rural, give location) <u>1712 Francis Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1712 Francis Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> | | | b. (Middle) <u>W.</u> | | c. (Last) <u>BLAKE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 6th, 1954</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>August 19-1876</u> | | 9. AGE (In years last birthday) <u>77 Yrs</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 6 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Theatre Manager</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (State or foreign country) <u>Clinton, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>George A. Blake</u> | | 13b. MOTHER'S MAIDEN NAME <u>Selina Jackson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Eulah A. Blake</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish War</u> | | 16. SOCIAL SECURITY NO. <u>529-22-9377</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eulah A. Blake, (wife) 1712 Francis</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | | | | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Coronary Arteriosclerosis</u> rise to the above cause (a) stating the underlying cause last. | | | | | | | |
| DUE TO (c) _____ | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>old cerebral vascular accident</u> | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | | | | | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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>July 5</u> , 19 <u>54</u> , to <u>July 6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 5</u> , 19 <u>54</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>William H. Conner, M.D.</u> | | | | 23b. ADDRESS <u>902 Edmund St. St. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>July 7, 1954</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>(Removal)</u> | | 24b. DATE <u>July 8th 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Missouri.</u> | | |
| DATE REC'D BY LOCAL REG. <u>July 10, 1954</u> | | REGISTRAR'S SIGNATURE <u>Bother M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meierhoff & Hannon St. Joseph, Mo.</u> | | | |

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

JUL 20 1954

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

Raymond W. Morehead

Licensed Embalmer No. 4413

P. O. Address. St Joseph, 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.