

STANDARD CERTIFICATE OF DEATH

28638

FILED SEP 2 1954

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>4363</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bunker Mo.</u>		c. LENGTH OF STAY (In this place) <u>10-Y</u>		c. CITY OR TOWN <u>Bunker</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				e. STREET ADDRESS (If rural, give location) <u>2 Block east Hiwa. 72</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Reed</u> c. (Last) <u>Blake</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18-54</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 20-1899</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>11</u>		IF UNDER 24 HRS. Days <u>28</u>		IF UNDER 10 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>Geo. Rose</u>		13b. MOTHER'S MAIDEN NAME <u>Liza Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Homer Blake</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Homer Blake</u> ADDRESS <u>Bunker 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
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) <u>331 X</u>			
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 <u>8-17-</u> , 19 <u>54</u> , to <u>8/19/</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8/17</u> , 19 <u>54</u> , and that death occurred at <u>6 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. R. Pytte, M.D.</u>				23b. ADDRESS <u>Centerville, Mo.</u>		23c. DATE SIGNED <u>8/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Delmar</u>		24d. LOCATION (City, town, or county) (State) <u>Shannon County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/24/54</u>		REGISTRAR'S SIGNATURE <u>G. M. Fitzpatrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl D. Spitzer</u>		ADDRESS <u>Salmon Mo.</u>	

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

Received 8-31-54
Reynolds County Health
File No. 854 - 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Paul K. Dyer

Licensed Embalmer No. 237

P. O. Address.....
Palmer

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.