

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32994**

FILED NOV 15 1954

BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 305	
1. PLACE OF DEATH a. COUNTY Boone County, Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY OR TOWN Columbia		c. CITY OR TOWN Columbia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) 600 Park 01050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hosp.		c. LENGTH OF STAY (In this place) 12 days		3. NAME OF DECEASED a. (First) Ernest b. (Middle) - c. (Last) Blake		4. DATE OF DEATH (Month) (Day) (Year) 11 7 54	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 11-13-10	
9. AGE (In years last birthday) 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Teacher		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		11. BIRTHPLACE (City and State or Foreign Country) 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Blake		13b. MOTHER'S MAIDEN NAME Lena Hitcher		14. NAME OF HUSBAND OR WIFE Divorced			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-18-4755		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Hicks Huntsville, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertensive Angina vascular disease DUE TO (b) hypertensive Angina DUE TO (c) vascular disease				INTERVAL BETWEEN ONSET AND DEATH 9 days	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		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 11-6-1954 , to 11-7-1954 , that I last saw the deceased alive on 11-7-1954 , and that death occurred at 11:50 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Mrs. Margaret Henderson		23b. ADDRESS Columbia Mo		23c. DATE SIGNED 11-7-54		23c. DATE SIGNED 11-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/10/1954		24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery		24d. LOCATION (City, town, or county) (State) Huntsville Mo.	
DATE REC'D BY LOCAL REG. Nov. 9 1954		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 31-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.B. Patton Sons, Huntsville, Mo.			

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

AUG 1 4 1958

AUG 1 6 1958

AUG 4 1958

AUG 6 4 1962

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 *Stuart R. Parker*

Licensed Embalmer No. 2900

P. O. Address *Columbia*

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.