No. 300
10.48

FILED JAN 25 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1619

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 31

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

1. PLACE OF DEATH
a. COUNTY: Lawrence 0550
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon
c. LENGTH OF STAY (In this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN: Mt. Vernon
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 902 S. Hickory 0550

3. NAME OF DECEASED (Type or Print)
a. (First): Claude
b. (Middle): Walton
c. (Last): Blakey

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 31, 1885
9. AGE (In years last birthday): 69 — 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): YMCA work
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Waterville, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm. J. Blakey
13b. MOTHER'S MAIDEN NAME: Augusta Hyatt Blakey
14. NAME OF HUSBAND OR WIFE: Ruth Sedwick Blakey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): YMCA Service, 1918
16. SOCIAL SECURITY NO.: 494-34-5335-A
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Ruth I. Blakey, 902 S. Hickory, Mt. Vernon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ~~Acute~~ AORTIC regurgitation & Cardiac hypertrophy — 12+ yrs.
DUE TO (c): Arteriosclerotic Heart Disease — 12+ yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 - 17, 1955, *to* Only, 19__, *that I last saw the deceased alive on* 1 - 17, 1955, *and that death occurred at* 4:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth Glover MD
23b. ADDRESS: Mt. Vernon, Mo.
23c. DATE SIGNED: 1-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 19, '55
24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Mt. Vernon, Mo.

DATE REC'D BY LOCAL REG.: Jany 19/55
REGISTRAR'S SIGNATURE: Cecil Hendricks 411-
FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Geo B Orr Mt Vernon 30

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1958

FEB 16 1955

FEB 28 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George B Orr

Licensed Embalmer No. 94

P. O. Address Mt Vern

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.