

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25289**BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **222**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	c. LENGTH OF STAY (in this place) 20 years	c. CITY OR TOWN St. Clair	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Ellis Frazier State Cancer Hosp		f. STREET ADDRESS (If rural, give location) Route # 2	

3. NAME OF DECEASED (Type or Print) Wilson Allen Blake			4. DATE OF DEATH (Month) (Day) (Year) 9 - 25 - 1955			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-13-1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) U.S.A. - Phelps County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James Blake		13b. MOTHER'S MAIDEN NAME Elizabeth McGuire		14. NAME OF HUSBAND OR WIFE Posie Blake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 496-28-6407		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. Jaw neck, Epidermoid Carcinoma Rt. lower lip			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332XH		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Aug 5, 1955**, to **Aug 25, 1955**, that I last saw the deceased alive on **Aug 25, 1955**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Victor M. Blancs M.D.		23b. ADDRESS Ellis Frazier State Cancer Hosp		23c. DATE SIGNED 8/25/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removed		24b. DATE Aug 26 1955		24c. NAME OF CEMETERY OR CREMATORY Stanton Cem.	
24d. LOCATION (City, town, or county) (State) Stanton Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service Columbia		DATE REC'D BY LOCAL REG Aug. 26 1955	
REGISTRAR'S SIGNATURE Mrs. R & E Palmer		31 - 0			

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

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.....

Licensed Embalmer No. 489

P. O. Address.....

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.