

FILED SEP 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30040

BIRTH NO. _____ REG. DIST. NO. 17d PRIMARY REG. DIST. NO. 3033 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <u>Daguerre</u>		2. USUAL RESIDENCE (Where deceased lived in institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY OR TOWN <u>Lebanon</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Duscumbia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Long Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 1</u> <u>06601</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRTLE</u> b. (Middle) <u>-</u> c. (Last) <u>BLAKLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEP. 14, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 1, 1873</u>
9. AGE (In years last birthday) <u>82</u>	10. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ralph W. Blakley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Blakley Lebanon, 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, ashenia, etc.: It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 MIN.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS AND HYPERTENSION</u>		<u>YEARS</u>
	DUE TO (c) <u>4201F</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>FRACTURE R. FEMUR</u>		<u>9-1-55</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) _____	
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 <u>9-1</u> , 19 <u>55</u> , to <u>9-7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-7-</u> , 19 <u>55</u> , and that death occurred at <u>Sidam.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L.S. Humphreys, D.O.</u>		23b. ADDRESS <u>Duscumbia, Mo.</u>	23c. DATE SIGNED <u>9-15-1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 16, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-15-1955</u>	REGISTRAR'S SIGNATURE <u>Abella L. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis D. Phillips Lebanon</u>	

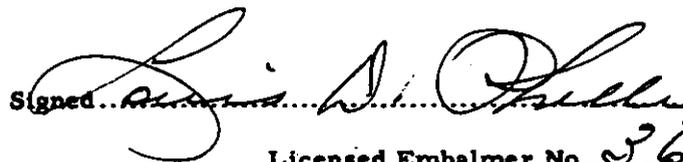
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 9-26-55
Laclede County Health Unit
File No. 154
Date Filed 9-26-55

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. 36

P. O. Address Ed.....

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.