

health, Welfare Public service  
 300  
 1-56  
 940  
 1  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

19764  
 STATE FILE NUMBER

FILED JUN 3 1957

Registration District No. 325 Primary Registration District No. 4479 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Queen City		c. CITY OR TOWN Queen City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at Family Home		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Gus Blacksmith		4. DATE OF DEATH May 18, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 26, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Miner	11. BIRTHPLACE (City and state or country) Austria Hungary Europe
13. FATHER'S NAME August Blacksmith		14. MOTHER'S MAIDEN NAME NOT KNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. 494 05 5098A	17. INFORMANT Address Mrs. Dessie Blacksmith, Queen City, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Generalized Arteriosclerosis DUE TO (c) - CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 7 hours 10 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 5/23/57 to 5/18/57 and last saw him alive on 5/18/57			
22a. SIGNATURE Edward M. Roberts, M.D. (Degree & Title)		22b. ADDRESS Queen City, Mo.	22c. DATE SIGNED 5/21/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/21/57	23c. NAME OF CEMETERY OR CREMATORY Cox Cemetery	23d. LOCATION (City, town, or county) (State) Adair County, Mo.
24. FUNERAL DIRECTOR Paul M. Riley - Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 5-21-57	26. REGISTRAR'S SIGNATURE Fred. C. Drake	

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by Richard R. Ellis Student Embalmer No. 542

working under my personal supervision..

Student Richard R. Ellis  
Signature of Student Embalmer

Signed George W. Davel

Licensed Embalmer No. 47

P. O. Address Kirkman

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