

FILED MAY 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013372

STATE FILE NUMBER 467

Registration District No. 42 Primary Registration District No. _____ Registrar's No. _____

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-57

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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan <i>0/10</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, DeKalb, Wayne Twp	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN DeKalb	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt #1, DeKalb,	Length of stay in lb 70 yrs	d. STREET ADDRESS Rt #1 (If outside, give location)	Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Patton Last Blakley	4. DATE OF DEATH Month April Day 28 Year 1958
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5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 12, 1876	9. AGE (In years last birthday) 82	10. FUNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Worth Co, Mo <i>0</i>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME athaniel Blakley	13b. MOTHER'S MAIDEN NAME Mary Whitehead	14. NAME OF HUSBAND OR WIFE Julia Blakley
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Julia Blakley, Rt #1 DeKalb, Mo
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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 hemorrhage.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 Herman Bld'g. St. Joseph, Mo.	COUNTY _____ STATE _____
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21. I, **W. E. Dentz**, the deceased from _____, to _____ and last ~~seen~~ ^{seen} alive on **4-28-58**
Death occurred at **3:15 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. E. Dentz M.D.	22b. ADDRESS Herman Bld'g. St. Joseph, Mo.	22c. DATE SIGNED 4/28/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/1/58	23c. NAME OF CEMETERY OR CREMATORY Armstrong Cemetery	23d. LOCATION (City, town, or county) (State) Rushville, Mo
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24. FUNERAL DIRECTOR Wm. Clark Goodill	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. April 30, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Goodill
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John E. Rupp*
Licensed Embalmer No. *3986*
P. O. Address *St Joseph*

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.