

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002086

STATE FILE NUMBER

JAN 7 1959 Registration District No. 206 Primary Registration District No. 5757 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Madison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Michaels Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Fredericktown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 mi. West of Ft. town on Hwy. 70		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 405 Lindell St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Elza Middle Lazzelle Last Blacketter			4. DATE OF DEATH Month Jan. Day 1 Year 1959		
5. SEX Male	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 Nov. 4, 1919	9. AGE (In years last birthday) 39 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) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and state or country) Pittsfield, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Ernest Blacketter		13b. MOTHER'S MAIDEN NAME Grace Davis		14. NAME OF HUSBAND OR WIFE Doris E. Blacketter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no. or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 486-16-6259	17. INFORMANT Address Fredericktown, Mo. Mrs. Doris Blacketter,		
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 Concussion					INTERVAL BETWEEN ONSET AND DEATH 45 minutes
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) Trauma to Head.					45 minutes
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Automobile accident			
20c. TIME OF INJURY Hour 1245 Month, Day, Year a.m. Jan 1, 1959					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	20f. CITY, TOWN, OR LOCATION Fredericktown COUNTY Madison STATE Missouri		
21. I attended the deceased from Jan 1, 1959 to _____ and last saw him alive on Jan. 1, 1959 Death occurred at 1:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Charles Michaelis M.D.			22b. ADDRESS 135 5th mine La Motte Fredericktown, Missouri.		22c. DATE SIGNED Jan 2, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/4/59	23c. NAME OF CEMETERY OR CREMATORY West Cemetery		23d. LOCATION (City, town, or county) (State) Pittsfield, Ill.	
24. FUNERAL DIRECTOR Najim Funeral Home,		ADDRESS Fredericktown, Mo.	25. DATE RECD. BY LOCAL REG. 1-2-1959	26. REGISTRAR'S SIGNATURE Lorence Licker	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 9 1959

19-6-2

STATEMENT BY LICENSED EMBALMER JAN 19 1959

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 *Charles Mc Coy* Licensed Embalmer No. *4852* P. O. Address *Fredricktown*

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.