

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016655

STATE FILE NUMBER

FILED MAY-22 1959 Registration District No. 10 Primary Registration District No. 4021 Registrar's No. 99

300
-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ladonia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ladonia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 24 years	d. STREET ADDRESS (If outside, give location) 1700 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Miltilda Last Blakeman			4. DATE OF DEATH Month 5 Day 12 Year 59
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-23-1861
9. AGE (In years last birthday) 97		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Rolls County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. MOTHER'S MAIDEN NAME Sabatter	
13a. FATHER'S NAME Peter Shoemyer		14. NAME OF HUSBAND OR WIFE James Blakeman	
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. None	17. INFORMANT Mrs. Arlo Denmark Ladonia, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Negligitation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Unclassified Carcinoma of Breast DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X			INTERVAL BETWEEN ONSET AND DEATH 6 months 2 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.) 170X	
20c. TIME OF INJURY Hour _____ 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 May 7, 1959 to May 12, 1959 and last saw her alive on May 7, 1959 Death occurred at 1:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. W. Lindsey D.O.		22b. ADDRESS Ladonia Missouri	
22c. DATE SIGNED 5-13-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-13-1959	23c. NAME OF CEMETERY OR CREMATORY Cornith Cemetery	23d. LOCATION (City, town, or county) (State) Hutchinson Missouri
24. FUNERAL DIRECTOR Wilbur Bienhoff Ladonia, Mo.		25. DATE RECD. BY LOCAL REG. May 13-1959	26. REGISTRAR'S SIGNATURE Blanche Reely

All diseases in Part I must be carefully 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 *Clyde Wilbey*
Licensed Embalmer No. *3820*
P. O. Address *Perry, Pa.*

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.