

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1961 318

1003

793E

-61-030576

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 793E

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		Length of stay in 1b		c. CITY OR TOWN <i>ST LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>HOMER G PHILLIPS</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>5943 CATES</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <i>HENRY</i> Middle <i>OTIS</i> Last <i>BLAYLOCK</i>				4. DATE OF DEATH Month <i>8</i> - Day <i>23</i> - Year <i>61</i>											
5. SEX <i>MALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>9-7-1883</i>		9. AGE (last birthday) <i>77</i>		IF UNDER 1 YEAR Months - Days		IF UNDER 24 HR Hours - Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SALES MAN</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>NAT PRESS CO</i>				11. BIRTHPLACE (City and state or country) <i>TENN.</i>				12. CITIZEN OF WHAT COUNTRY <i>USA</i>			
13a. FATHER'S NAME <i>BLAYLOCK</i>				13b. MOTHER'S MAIDEN NAME <i>WOODS</i>				14. NAME OF HUSBAND OR WIFE <i>ORA C. BLAYLOCK (DEAD)</i>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>						17. INFORMANT Address <i>GEO. O. BLAYLOCK 7731 SNOWDEN</i>									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> DUE TO (b) <i>Arterio sclerosis</i> DUE TO (c) <i>420.1</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? 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.)											
20c. TIME OF INJURY Hour <i>1:45 P.</i> a.m. p.m.		Month, Day, Year													
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>Earl Hillman</i> (Degree or title)						22b. ADDRESS <i>1200 Clark</i>				22c. DATE SIGNED <i>8-25-61</i>					
23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)							
<i>REMOVAL</i>		<i>8-26-61</i>		<i>OAK GROVE</i>				<i>ST LOUIS CO., MO</i>							
24. FUNERAL DIRECTOR <i>EARL HILLMAN OVERLAND MO</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>AUG 25 1961</i>				26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>							

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 *Leah Hillman*

Licensed Embalmer No. 3801

P. O. Address Durand 177

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.