

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-020411

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 264

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

17005

20841

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 13 1963	
1. PLACE OF DEATH	
a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE	a. STATE MISSOURI COUNTY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.	b. Length of stay in 1b 11 days
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BOLIVAR
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 328 OLIVE STREET
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First MATTIE	Middle RUTH
Last BLAKE	
4. DATE OF DEATH	
Month JUNE	Day 6,
Year 1963	
5. SEX FEMALE	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 5-5-1897
9. AGE (last birthday) 66	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
11. BIRTHPLACE (City and state or country) COLUMBIA, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME WILLIAM J. HUTCHISON	13b. MOTHER'S MAIDEN NAME SUSIE B. MC BRIDE
14. NAME OF HUSBAND OR WIFE CECIL ANDREW BLAKE	
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.	
17. INFORMANT Address Cecil A. Blake, 328 Olive, Bolivar, 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) Thrombus - coronary right pulmonary artery	
DUE TO (b) Thrombosis of coronary artery & infarction	
DUE TO (c)	
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 s.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 <u>1961</u> to <u>6/6/63</u> and last saw her/him alive on <u>6/6/63</u>	
Death occurred, at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Vance E. Link, M.D.</i>	(Degree or title)
22b. ADDRESS <i>10901 Miner Rd Independence, Mo</i>	
22c. DATE SIGNED <i>6/7/63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-10-63
23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY	
23d. LOCATION (City, town, or county) INDEPENDENCE, MISSOURI	
(State)	
24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.	
ADDRESS	
25. DATE RECD. BY LOCAL REG. 6-8-63	
26. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>	

USE BLACK INK OR TYPEWRITER RIBBON

JUN 1 1963

L/K

7/8/63

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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Kansas City, Mo.

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.