MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023790

STATE FILE NUMBER

Registration District No. 189 Primary Registration District No. 4180 Registrar's No. 22

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10350
3209
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4 0
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13 7-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUL 9 1963

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Campbell — Length of stay in 1b: 1 month
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): G. B. Rest Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY:
c. CITY OR TOWN: ST. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2617 St. Louis Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ARINMAN — Middle LAWSON — Last BLAKE

4. DATE OF DEATH: Month JUNE — Day 29 — Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: July 4, 1909
9. AGE (last birthday): 53
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): Machinist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Campbell, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Blake
13b. MOTHER'S MAIDEN NAME: Lee Ann Gregory
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of se
16. SOCIAL SECURITY NO.: 5
17. INFORMANT: Gene Blake, 2617 St. Louis Ave. St. Louis Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL HEMORRHAGE, MULTIPLE, CONTINUOUS — 4 MONTHS
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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5 JUNE 63 to 29 JUNE 63 and last saw him alive on 28 JUNE 63
Death occurred at 11 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles L. Williams, M.D. (Degree or title)
22b. ADDRESS: MALDEN, MO.
22c. DATE SIGNED: 7-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 2, 1963
23c. NAME OF CEMETERY OR CREMATORY: Four Mile Cemetery
23d. LOCATION (City, town, or county) (State): Campbell, Missouri

24. FUNERAL DIRECTOR ADDRESS: Landess Funeral Home, Campbell, Mo
25. DATE RECD. BY LOCAL REG.: 7-6-1963
26. REGISTRAR'S SIGNATURE: Mrs Ruth Campbell

(Licensed Embalmer's Statement on Reverse Side)

JUL 19 1963

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 Richard V. Beaver

Licensed Embalmer No. 5116

P. O. Address Malden, 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.