

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-043456**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1545

**FILED NOV 20 1963**

DO NOT WRITE ON THIS STUB  
AMENDED

VS 300  
Rev. 4/59

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20397

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DATE AMENDED

1-8-64  
1-8-64  
1-8-64

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

18a Myocardial insufficiency Cardio-pulmonary disease  
18b Healed Myocardial infarction Multiple Infarction  
18c Arteriosclerotic H. Disease -----  
BY AFFIDAVIT OF Attending physician DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>SPRINGFIELD</b>		Length of stay in lb <b>56 YRS.</b>	c. CITY OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HANDLEY MEMORIAL HOSP.</b>			d. STREET ADDRESS <b>937 S. MARKET</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>INA E. BLAKEY</b>			4. DATE OF DEATH Month Day Year <b>NOV. 7, 1963</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/9/88</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>DOUGLAS CO., MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>JIM ANDREWS</b>		13b. MOTHER'S MAIDEN NAME <b>SEMANTHEY ?</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIAM H. BLAKEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>MRS. MAE JONES; 1614 BENTON</b>		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Myocardial Insufficiency 4344</b> <b>Healed Myocardial Infarction, Anteroseptal</b> <b>Multiple Infarction</b> DUE TO (b) <b>Multiple Infarction</b> DUE TO (c) <b>Arteriosclerotic Heart Disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 <b>9/23/63</b> , to <b>11/7/63</b> and last saw her <sup>her</sup> alive on <b>11/7/63</b> Death occurred at <b>10:25 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) <b>Leman D. Brown M.D.</b>		22b. ADDRESS <b>31 1/2 College</b> <b>SPRINGFIELD, MISSOURI</b>		22c. DATE SIGNED <b>11/15/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11/11/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PATTERSON CEMETERY</b>	23d. LOCATION (City, town, or county) <b>GREENE COUNTY, MISSOURI</b>		
24. FUNERAL DIRECTOR <b>AYRE-GOODWIN</b>		ADDRESS <b>SPRINGFIELD, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>11-19-63</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Medley</b>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 1963

11-9-63

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 Frederick M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield 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.