

FILED NOV 5 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32259

State File No. \_\_\_\_\_  
Registrar's No. 93

Registration District No. 55 Primary Registration District No. 3011

1. PLACE OF DEATH:  
(a) County Carroll  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home west Carrollton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution \_\_\_\_\_ (Specify whether  
in this community all her life, years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Carroll  
(c) City or town Carrollton, RFD#  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cecil & Agnes Blakeley  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Price Blakeley 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased Oct. 21, 1902  
(Month) (Day) (Year)

8. AGE: Years 46 Months xx Days 2 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Carroll County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Jasper Todd  
13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Addie O'Dell  
15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Price Blakeley  
(b) Address Carrollton, Mo. - RFD#

17. (a) Burial (b) Date thereof Oct. 25, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arkadelphia Cem, Avalon, Mo.

18. (a) Signature of funeral director Clifford W. Austin

(b) Address Tina, Missouri

19. (a) 10/25/48 (b) Tom Herbert Calvert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23rd,  
year 1948 hour 6:30 minute \_\_\_\_\_ A.M. P.M.

21. I hereby certify that I attended the deceased from Jan. 1/47  
\_\_\_\_\_ 19\_\_\_\_ to Oct 23 / 48 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the breast  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature R. Hamilton \_\_\_\_\_  
Address Carrollton, Mo Date signed Oct 25 1948

Duration

about 1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

11-4-48

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 \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Clifford W. Austin*

Licensed Embalmer No. \_\_\_\_\_

3233

P. O. Address \_\_\_\_\_

Tina Missouri

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 this body is not embalmed, fact should be so stated above.