

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

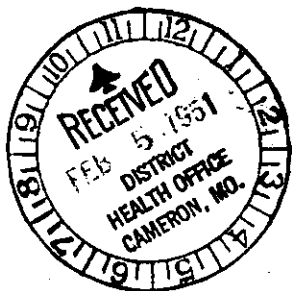
State File No. 494

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4081 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <i>Carroll</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Carroll</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bosworth Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bosworth Mo</i> 0170	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print)	a. (First) <i>HILLIS</i>	b. (Middle) <i>HUGH</i>	c. (Last) <i>BLAKELEY</i>
4. DATE OF DEATH	(Month) <i>JAN</i>	(Day) <i>27</i>	(Year) <i>1951</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>NOV. 21 - 1861</i>
9. AGE (In years last birthday) <i>89</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MERCHANT</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>GROCERY</i>	11. BIRTHPLACE (State or foreign country) <i>Studefenville Ohio</i>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <i>Jonathan Blakeley</i>	13b. MOTHER'S MAIDEN NAME <i>Eliza Jane House</i>	14. NAME OF HUSBAND OR WIFE <i>Isabelle Blakeley</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Hillis Hugh Blakeley Bosworth</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertension & partial obstruction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>30da</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 27, 1951</i> , to <i>Jan 27, 1951</i> , that I last saw the deceased alive on <i>Dec 19, 1950</i> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>W. Ross Brown</i> (Degree or title)		23b. ADDRESS <i>Bosworth Mo</i>	23c. DATE SIGNED <i>Feb 1-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Jan 29-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>BIGGS CITY BURIAL CEMETERY</i>	24d. LOCATION (City, town, or county) (State) <i>CARROLL Co Mo</i>
DATE REC'D BY LOCAL REG. <i>1-29-1951</i>	REGISTRAR'S SIGNATURE <i>Pearl Koch</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Lepanto & Edwards Bosworth Mo</i>	

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

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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
Student Embalmer

Signed David J. Edwards

Licensed Embalmer No. 3268

P. O. Address Bourbon, 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 this body is not embalmed, fact should be so stated above.