

FILED MAY 3 1949 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

12113

State File No.

BIRTH NO.		REG. DIST. NO. <u>121</u>		PRIMARY REG. DIST. NO. <u>5459</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Center Twsp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Center Twsp.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Springfield R.F.D. # 6</u>				d. STREET ADDRESS (If rural, give location) <u>Springfield R.F.D. # 6</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) <u>WRIGHT</u>		c. (Last) <u>BLACKWELL</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9 Sept. 1871</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Greene County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joel Blackwell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Firestone</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Blackwell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ida Blackwell, Rt. 6, Springfield, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Pulmonary edema & Ascites</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial failure</u> DUE TO (c) <u>Valvular defect & decompensation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1824</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-23</u> , 19 <u>49</u> , to <u>4-24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-23</u> , 19 <u>49</u> , and that death occurred at <u>6:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>W. H. Willard, Mo.</u>				23b. ADDRESS <u>Willard, Mo.</u>		23c. DATE SIGNED <u>4-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>26 Apr. 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Greene County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4/29/49</u>		REGISTRAR'S SIGNATURE <u>Orville H. Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Thieme</u>		ADDRESS <u>Springfield, Mo.</u>	
(Licensed Embalmer's Statement on Reverse Side)							

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

RECEIVED

Greene County Health Office,

County File Number 49-34-5

Date Filed 5-3-49

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.

Signed _____

Ralph H. Thieune

Signed _____

Student Embalmer

Licensed Embalmer No. 3681

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