

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25917

BIRTH NO.		REG. DIST. NO. 369		PRIMARY REG. DIST. NO. 6252		Registrar's No. 6-	
1. PLACE OF DEATH a. COUNTY WAYNE 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WAYNE			
b. CITY (If outside corporate limits, write RURAL and give town) MILLS SPRING		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) MILLS SPRING 111		d. STREET ADDRESS (If rural, give location) HOME 0	
3. NAME OF DECEASED (Type or Print) DANIEL ROBERT BLACKWELL			4. DATE OF DEATH (Month) (Day) (Year) July 3 1949				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH JAN. 6, 1866	
9. AGE (in years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		11. BIRTHPLACE (State or foreign country) WAYNE CO. MO. 0		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME STEPHEN BLACKWELL		13b. MOTHER'S MAIDEN NAME GALLY ARNOLD		14. NAME OF HUSBAND OR WIFE LOU ANNA BLACKWELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lou Anna Blackwell Mills Spring Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis Chr. DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5901	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. E. Tansy M.D.				23b. ADDRESS Redmond Mo.		23c. DATE SIGNED 7-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 5, 1949		24c. NAME OF CEMETERY OR CREMATORY KELLY		24d. LOCATION (City, town, or county) (State) WAYNE CO. MO.	
DATE REC'D BY LOCAL REG. July 18, 49		REGISTRAR'S SIGNATURE Susie E. Piles 1340		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Thomas W. King Redmont			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-5-49

Health Officer No. 4

File Number 849-1046

Date Filed.....

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.....

*me*

Student Embalmer No. ....

working under my personal supervision.

Signed Marvin E. Bowles

Signed.....  
Student Embalmer

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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.