

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4336</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>HOLLIDAY</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HOLLIDAY</u>		69	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME 1</u>				d. STREET ADDRESS (If rural, give location) <u>02</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u>			b. (Middle) <u>THOMAS</u>			c. (Last) <u>BLACKABY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 24, 1949</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>JULY 18, 1873</u>	
9. AGE (In years last birthday) <u>76</u>		If UNDER 1 YEAR Months <u>1</u> Days <u>6</u>		If UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>MONROE CO., MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE BLACKABY</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA BAYANT</u>			14. NAME OF HUSBAND OR WIFE <u>ANNA MAE BLACKABY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>YES</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ERNEST BLACKABY, HOLLIDAY, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Anterior cerebral gangrene of left foot and leg</u> 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. <u>+SDI</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>June 22, 1949</u> , to <u>Sept 24, 1949</u> , that I last saw the deceased alive on <u>SEPT. 24, 1949</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. A. Barnett M.D.</u>				23b. ADDRESS <u>PARIS, MO.</u>		23c. DATE SIGNED <u>9-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HOLLIDAY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 29, 1949</u>		REGISTRAR'S SIGNATURE <u>Oliver Little</u> 204		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed Blakey, PARIS, MO.</u>			

RECEIVED OCT 3 1949
District Health Officer No. 10
District File Number 10-49-17
Date Filed OCT 3 1949

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..... *E. P. Rogers*

Licensed Embalmer No. 4000

P. O. Address Paris, 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.