

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36587**

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4099</u>		Registrar's No. <u>33</u>					
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>							
b. CITY OR TOWN <u>Shardin, Mo.</u>		c. LENGTH OF STAY (In this place) <u>10 years</u>		c. CITY OR TOWN <u>Shardin</u>		0 3 0					
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>/</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>							
3. NAME OF DECEASED (Type or Print) <u>LLOYD ARCHIE BLACKMON</u>			a. (First) <u>LLOYD</u>			b. (Middle) <u>ARCHIE</u>					
c. (Last) <u>BLACKMON</u>			4. DATE OF DEATH <u>11-7-1949</u>			a. (Month) <u>11-</u> b. (Day) <u>7-</u> c. (Year) <u>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>9-3-1909</u>		9. AGE (In years last birthday) <u>40</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SERVICEMAN-U.S.ARMY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BLIND - No OCCUPATION</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. IF UNDER 1 YEAR: Months <u>1</u> Days <u>1</u>			
13a. FATHER'S NAME <u>Joseph Blackman</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Kennedy</u>			14. NAME OF HUSBAND OR WIFE <u>Laura Blackman</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1931 to 1934</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LAURA BLACKMON - Rte 2 - Doniphan, Mo.</u>			ADDRESS			
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* (a) <u>Lobar Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Oct 27 - 29</u>			
				ANTECEDENT CAUSES <u>multiple sclerosis</u>				DUE TO (b) <u>14 years</u>			
				DUE TO (c)				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>490X</u>			
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) <u>Doniphan Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			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>1-1</u> , 19 <u>47</u> , to <u>Oct 27, 1949</u> that I last saw the deceased alive on <u>Oct 27, 1949</u> and that death occurred at <u>10:25 A.M.</u> from the causes and on the date stated above.											
23a. SIGNATURE <u>Clifford Henson</u>				23b. ADDRESS <u>Doniphan Mo</u>				23c. DATE SIGNED <u>11-14-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>11-9-1949</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Doniphan, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 18-49</u>			REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W E Edmonds</u>			ADDRESS <u>Doniphan, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11/21/49
District Health Officer No. 5,
District File Number 1149 716
Date Filed 11/23/49

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 Carl B. Bird

Signed _____
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Dorchester 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.