

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23726

State File No. _____

Registrar's No. 271

BIRTH NO. _____		REG. DIST. NO. <u>3-146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		State File No. _____		Registrar's No. <u>271</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence				c. LENGTH OF STAY (in this place) 60 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence, Mo. <u>0484</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1813 Northern				d. STREET ADDRESS (If rural, give location) 1813 Northern							
3. NAME OF DECEASED (Type or Print) a. (First) Leroy b. (Middle) French c. (Last) Blackburn			4. DATE OF DEATH July 8, 1950			5. SEX Male			6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Sept. 13, 1868			9. AGE (In years last birthday) 81			10. IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supt. of Jackson County Schools				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Scottsville, Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Robert Blackburn			13b. MOTHER'S MAIDEN NAME Maria Kidd			14. NAME OF HUSBAND OR WIFE Mrs Nellie Blackburn					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Blackburn ADDRESS Indep. 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) Coronary thrombosis ANTECEDENT CAUSES DUE TO (b) Coronary sclerosis DUE TO (c) General arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senescence						INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 year 2 year 2 year			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) 4201 (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 March 19, 1950 , to July 8 , 1950 that I last saw the deceased alive on July 7 , 1950, and that death occurred at 1:30 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE W. H. Allen M.D. (Degree or title)				23b. ADDRESS Independence, Mo.			23c. DATE SIGNED July 8, 1950				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 11, 50		24c. NAME OF CEMETERY OR CREMATORY Blue Springs Cemetery		24d. LOCATION (City, town, or county) (State) Blue Springs, Mo.					
DATE REC'D BY LOCAL REG. July 9, 1950		REGISTRAR'S SIGNATURE W. H. Allen		25. FUNERAL DIRECTOR'S SIGNATURE OTT & MITCHELL		ADDRESS Independence, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

Mo

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

464

JUL 14 RECD

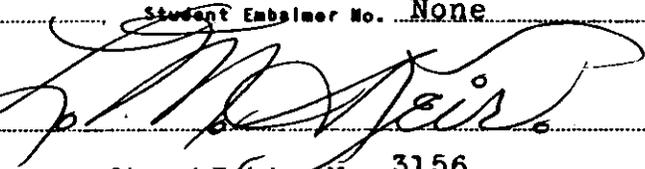
STATEMENT BY LICENSED EMBALMER

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. None

working under my personal supervision.

Student None
Student Embalmer

Signed 

Licensed Embalmer No. 3156

P. O. Address Independence, 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.