

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39504**

BIRTH NO. _____ REG. DIST. NO. **323** PRIMARY REG. DIST. NO. **4473** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackburn		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackburn	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Maudie	a. (First)	b. (Middle)	c. (Last) Blackford	4. DATE OF DEATH (Month) (Day) (Year) Nov. 24 1950
---	------------	-------------	----------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 9-1871	9. AGE (in years last birthday) 79	IF UNDER 1 YEAR Months 4 Days 15	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	--	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Dresden Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	--	--

13a. FATHER'S NAME Thomas W. Blackford	13b. MOTHER'S MAIDEN NAME Martha P. Cox	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME William Blackford	ADDRESS Blackburn
---	-------------------------------------	--	--------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis, acute		
	ANTECEDENT CAUSES Morbid 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.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT (Specify) SUICIDE	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 **June 15, 1956** to **Nov 24, 1950**, that I last saw the deceased alive on **Nov 14, 1950**, and that death occurred at **47** m., from the causes and on the date stated above.

23a. SIGNATURE Douglas Kelling M.D. (Degree or title)	23b. ADDRESS Waverly, Mo.	23c. DATE SIGNED 11-27-58
--	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL Buried	24b. DATE Nov 26 1950	24c. NAME OF CEMETERY OR CREMATORY Blackburn Cemetery	24d. LOCATION (City, town, or county) (State) Blackburn Mo
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. 11/30/50	REGISTRAR'S SIGNATURE Dolly Andrew	25. FUNERAL DIRECTOR'S SIGNATURE W. Minershaw	ADDRESS Diggsville
--	---	--	---------------------------

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

970
1

716

RECEIVED *12-4-50*

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed *12-4-50* -----

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 *Roy F. Wiegman* -----

Licensed Embalmer No. *2883* -----

P. O. Address *Higginville* -----

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.