S. No. 300
v. 10.48

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

382

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this place): 3 Yr, 8, 27d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miami 0910
d. STREET ADDRESS (If rural, give location): Unk 1

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): —
c. (Last): Blackburn

4. DATE OF DEATH (Month) (Day) (Year): Jan 8 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 2
8. DATE OF BIRTH: Unk ~~8 Jan 1881~~
9. AGE (In years last birthday): 70 — If under 1 year: Months —, Days —; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Saline County 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Mac Blackburn
13b. MOTHER'S MAIDEN NAME: Unk
14. NAME OF HUSBAND OR WIFE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT'S SIGNATURE OR NAME: State Hospital Records — **ADDRESS**: Fulton

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arterio Sclerotic Heart Dis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Jan, 1950, *to* 8 Jan, 1951, *that I last saw the deceased alive on* 7 Jan, 1951, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. S. Warack — (Degree or title): M.D. — **23b. ADDRESS**: Fulton, Mo — **23c. DATE SIGNED**: 8 Jan 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — **24b. DATE**: Jan 9, 1951 — **24c. NAME OF CEMETERY OR CREMATORY**: Miami — **24d. LOCATION** (City, town, or county) (State): Miami Mo.

DATE REC'D BY LOCAL REG.: Jan-13-1951 — **REGISTRAR'S SIGNATURE**: Maretta Lawrence 426 — **25. FUNERAL DIRECTOR'S SIGNATURE** — **ADDRESS**: Mangin Funeral Home, Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 15 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 .....

.....

working under my personal supervision.

Student Embalmer No. .....

Signed Walter J. Haines Jr.

Signed .....
Student Embalmer

Licensed Embalmer No. 4557

P. O. Address Fulton, Me.

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.