

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1664

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 18

540

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Lexington</u>		c. CITY OR TOWN <u>Lexington, Rural</u> <u>0 540</u>	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 miles S.W.</u> <u>Goodloe Rest Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED a. (First) <u>GEORGE</u> (Type or Print)			b. (Middle) <u>P.</u>			c. (Last) <u>BLACKWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 1, 1951</u>		
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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>September 13, 1876</u>		9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR <u>4</u> MONTHS <u>18</u> DAYS		11. UNDER 10 HOURS <u>18</u> MIN.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Court Reporter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>court reporter</u>				11. BIRTHPLACE (State or foreign country) <u>Wellington, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>John S. Blackwell</u>				13b. MOTHER'S MAIDEN NAME <u>Betty M. Rogers</u>				14. NAME OF HUSBAND OR WIFE <u>Hazel Reid Blackwell</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hazel Blackwell, Lexington, Mo.</u>				ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus pneumonia</u>												DUE TO (b) <u>Chronic myocarditis and</u>							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.												DUE TO (c) <u>Chronic nephritis</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.																<u>442x</u>			

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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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)				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 Jan. 23, 1951, to Feb. 1, 1951, that I last saw the deceased alive on Feb. 1, 1951, and that death occurred 3:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben H. Brasler M.D.</u>				23b. ADDRESS <u>Lexington, Mo.</u>				23c. DATE SIGNED <u>Feb 10 1951</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>February 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Feb 10, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. E. E. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James G. ...</u>		ADDRESS <u>Lexington, Mo.</u>	
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Boards

RECEIVED *2-13-51*
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filled *2-13-51*

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 *J. W. McKeon*

Signed.....
Student Embalmer

Licensed Embalmer No. *2983*

P. O. Address *Liverpool, 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.