

S. No. 300  
V. 10.48

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1912

BIRTH NO. REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 5813 Registrar's No. 4

0700  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Upper Loutre		c. LENGTH OF STAY (in this place) 9 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Upper Loutre	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles east Wellsville			d. STREET ADDRESS (If rural, give location) 2 miles east of Wellsville		

3. NAME OF DECEASED (Type or Print) a. (First) SAM b. (Middle) - - c. (Last) BLACKSHAW			4. DATE OF DEATH (Month) (Day) (Year) Jan. 28 1951		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 18, 1871		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Month Day		IF UNDER 1 MIN. Hours Min.	
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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) Montgomery County Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
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13a. FATHER'S NAME Robert Blackshaw			13b. MOTHER'S MAIDEN NAME Ann Hayward			14. NAME OF HUSBAND OR WIFE Elizabeth Blackshaw		
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sam Blackshaw Jr. Wellsville Mo			
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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) <i>Coronary Thrombosis</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocarditis</i> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓						INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i> 4201	
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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) ✓	
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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? ✓	
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22. I hereby certify that I attended the deceased from *Dec 5, 1949*, to *Jan 5, 1951*, that I last saw the deceased alive on *Jan 27, 1951*, and that death occurred at *9:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. S. Romano M.D.</i>		23b. ADDRESS <i>Wellsville Mo</i>		23c. DATE SIGNED <i>1-31-51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1/31/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Wellsville City Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Wellsville Montg. Missouri</i>	
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DATE REC'D BY LOCAL REG. <i>1-31-51</i>		REGISTRAR'S SIGNATURE <i>W. S. Romano</i>		420 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>A. B. Kelle Wellsville Mo</i>	
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

FEB - 5 1951

RECEIVED

JUL 14 1954

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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.....  
Student Embalmer

Signed AB Wells

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.