

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5041

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 70	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton		c. LENGTH OF STAY (in this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				d. STREET ADDRESS (If rural, give location) 412 E. Pennell.			
3. NAME OF DECEASED (Type or Print) Jennie E. Blockwell		a. (First) E. b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 2 - 10 - 1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 11-17-1893	
9. AGE (In years last birthday) 57		10. YOUNG OR OLD 2		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leather Worker		10b. KIND OF BUSINESS OR INDUSTRY Leather Co.		11. BIRTHPLACE (State or foreign country) Missouri			
13a. FATHER'S NAME Wm. Anderson Southard		13b. MOTHER'S MAIDEN NAME Elizabeth Taylor		14. NAME OF HUSBAND OR WIFE Ralph Blockwell (D)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-184794		17. INFORMANT'S SIGNATURE OR NAME Address Selma Petty (dau.) Carl Jct. 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lymphatic Leukemia 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 5 days about 7 yrs				20. AUTOPSY? YES ☐ NO ☒			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify)			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21c. HOW DID INJURY OCCUR?			
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 2-6, 1957, to 2-10, 1957, that I last saw the deceased alive on 2-9, 1957, and that death occurred at 8:00 a.m., from the causes and on the date stated above.						23. SIGNATURE (Degree or title) E. H. Hamilton M.D.	
23a. ADDRESS 617 Frisco Bldg.		23b. DATE SIGNED		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-12-1951		24c. NAME OF CEMETERY OR CREMATORY Carl Jct. Cemetery		24d. LOCATION (City, town, or county) (State) Carl Jct. Mo.	
DATE REC'D BY LOCAL REG. 2-10-51		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
by Selma Petty		by Selma Petty		Raymond Roney, Carl Jct. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2/19/51
Jasper County Health Office

County File Number 51-2-132

Date Filed 2/19/51

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.....
Student Embalmer

Signed Harvey E. Arnee

Licensed Embalmer No. 4463

P. O. Address Webb City, 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.