

FILED MAR 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 52227

BIRTH NO.		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 4275		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville		c. LENGTH OF STAY (In this place) 3 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville,		0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION Odell Street				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Thomas		c. (Last) Blackwell		4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1951	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 24, 1866	
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Bedford Co. Tenn.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Blackwell		13b. MOTHER'S MAIDEN NAME Mary Mayes		14. NAME OF HUSBAND OR WIFE Beulah Blackwell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Beulah Blackwell, Marionville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiectasis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchitis 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 12 yrs. 30 yrs. 5021	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 <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 21 December 1950 , to 20 February 1951 , that I last saw the deceased alive on 19 February, 1951 , and that death occurred at 1:10 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE O. W. Ramsey, M. D. (Degree or title)				23b. ADDRESS Marionville, Mo.		23c. DATE SIGNED 2/21/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/22/51		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery		24d. LOCATION (City, town, or county) (State) Marionville, Mo.	
DATE REC'D BY LOCAL REG. 2/21/51		REGISTRAR'S SIGNATURE Osw Mc Natt		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Hurdridge ADDRESS Marionville Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

DEPT. OF HEALTH, Springfield

RECEIVED FEB 27 1957

Dist. File 251-447

Date Filed 2-28-57

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

Licensed Embalmer No. 3072

P. O. Address Marionville 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.