

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery</u>	
c. LENGTH OF STAY in this place <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>Mathew</u>	c. (Last) <u>Black</u>
4. DATE OF DEATH	(Month) <u>May</u>	(Day) <u>9</u>	(Year) <u>1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>3-18-1913</u>
9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saledman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>soft drink</u>	11. BIRTHPLACE (State or foreign country) <u>Montgomery City Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert Black</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Cunningham</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>World war 2</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Fannie Black Montgomery City Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>glioblastoma</u>	Brain tumor, verified, right frontal lobe		
ANTECEDENT CAUSES	DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____ (Min) _____	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 <sup>viewed</sup> attended the deceased from <u>10 May, 1951</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:35P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Clarence W. Summit</u>	(Degree or title) <u>D.S. Coroner</u>	23b. ADDRESS <u>Montgomery City Mo</u>	23c. DATE SIGNED <u>10 May 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>
DATE REC'D BY LOCAL REG. <u>5/14/51</u>	REGISTRAR'S SIGNATURE <u>Bernice P. Wyatt</u>	434	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Montgomery City Mo</u>

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

RECEIVED  
MAY 21 1951

MAY 22 1951

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, on the day of May 1951

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

*C. W. Hopkins*

Signed C. W. Hopkins

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 1487

P. O. Address Montgomery 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.