

Kaiser  
STANDARD CERTIFICATE OF DEATH

State File No. **17503**

FILED JUN 4 1951

BIRTH NO.		REG. DIST. NO. <b>267</b>		PRIMARY REG. DIST. NO. <b>5911</b>		Registrar's No. <b>48</b>	
1. PLACE OF DEATH a. COUNTY <b>Demiseot</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Demiseot</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Gascola</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Gascola 0780</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lynn</b> b. (Middle) <b>Warren</b> c. (Last) <b>Blackburn</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 18, 1951</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Feb 3, 1878</b>	
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Lincoln, Ill.</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME: <b>William Blackburn</b>			13b. MOTHER'S MAIDEN NAME: <b>Mary Catherine Mincer</b>		13c. NAME OF HUSBAND OR WIFE: <b>Flossie Blackburn</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Flossie Blackburn Gascola, Mo.</b>			
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) <b>Lipo Sarcoma of left shoulder cont. chest wall</b>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>left shoulder cont. chest wall</b>					
		DUE TO (c) <b>chest wall</b>					
		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 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)		<b>197X</b>	
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 attended the deceased from _____, 19____, to <b>5-18</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>5-18</b> , 19 <b>51</b> , and that death occurred at <b>4:15 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>C. D. Kaiser M.D.</b>			23b. ADDRESS <b>Hayti, Mo.</b>		23c. DATE SIGNED <b>5-19-51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <b>51 Stearns Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Oakwood, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>5/21/51</b>		REGISTRAR'S SIGNATURE <b>John W. Gorman</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John W. Gorman Hayti, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

7780

6-51-141

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

~~MISSOURI~~

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.....

*John W. Herman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address. *Hayti, 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.