	Al		THE DIVISIO	n of hea	LITH OF MISSO	XURI		
No.300 10.48	FILED AUG 10	1951	STANDARD	CERTIFI	CATE OF DE	ATH	State File	. N. 24130
,	BIRTH NO		REG. DIST. NO.	<u>301</u> ,	RIMARY REG. DIST	. m. <u>60</u>	3 Degistrar	·. No. 227
() i	I. PLACE OF DE	ATH				DENCE (Whe	re deceased lived.	If institution: residence before
	a. COUNTY	Ripley.			a. STATE Mis	souri.	b. COUNT	Ripley.
	b. CITY (If outside ex	orporate limits, write		ENGTH OF Y (in this place)	c. CITY (If outside a	orporate limits, w	rite BURAL and gi	ve township) 6914
ο .	TOWN Doniah	\sim		Weeks.	CHO CHOOT	chan T	Pural".	Torday furs.
RECORD			institution, give street addre	es or location)	d. STREET ADDRESS	(If rursi, give	e location)	
S		OMI. N. O	1 Donichau. M	is souri	10 M	N. of T	on ipha	M. Missouri.
RE	3. NAME OF DECEASED	a. (First)	b. (Mid		c. (Last)	/ 4.	DATE (M	onth) (Day) (Year)
	(Type or Print)	NewTon	7		Black well	· .	DEATH J.	y 24,1951.
E	5, SEX /) 6.	COLOR OR RACE	7. MARRIED, NEVER		8. DATE OF BIRTH	9.	AGE (In years	F UNDER I YEAR OF UNDER M HES.
	Male	White.	WIDOWED DIVORC	ED (Spealty)	April 6/	876	7. (Hours Min.
PERMANENT	10a. USUAL OCCUPATION	ON (Give kind of work	10b. KIND OF BUSIN	ESS OR IN-	11. BIRTHPLACE (8ta	te or foreign coun	try) (12. CITIZEN OF WHAT
ER	Section Fore	ing life, even if retired) & Ma W .	R.I. Railroad	DUSTRY	Franklin	Comete	M'ssau	COUNTRY
	13a. FATHER'S NAME			R'S MAIDEN N	NAME	14. NAME	. /7/SSOCE Of HUSBAND OF	
◂	Henry	Black was	11	7	May	Man	nie Bl	nc.kinell
Ä	15. WAS DECEASED EVE	ER IN U.S. ARMED	FORCES? 16. SOCIAL	SECURITY	17. INFORMANT	"S SIGNATI	JRE OR NAMI	E ADDRESS
MAKE	(Yee, no, or unknown) (II	f yes, give war or date	of service)	NO.	C. S. Mars. 3	h://	A#7	Box103A WO.
์ โ	18. CAUSE OF DEATH	15.71	N N	EDICAL OF	****	Sough	2	INTERVAL BETWEEN
INK	. Enter only one cause per	I. DISEASE OR	CONDITION	R. W	• • •			ONSET AND DEATH
			NING TO DEATHS	1 1 2 E E E	444 4 44 4 4 4 4			. 🕊 . 1
	line for (a), (b), and (c)	1	DING TO DEATH*(a)	June	mone	4 /	veru	long
Į	*This does not mean	ANTECEDENT (CAUSES .	() () () () () () () () () ()	mone	3 1/	ver	senhow
CK	*This does not mean the mode of dying, such	ANTECEDENT (Morbid condition rise to the above	CAUSES ns, if any, giving DUE TO cause (a) stating	(b)	mongo	3 1	- Veri	renkom
Į	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	ANTECEDENT (CAUSES ns, if any, giving DUE TO cause (a) stating nuse last.		• • • • • • • • • • • • • • • • • • •	3 " H		penham
BLACK	"This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica-	ANTECEDENT (Morbid condition rise to the above the underlying co	CAUSES ns, if any, giving DUE TO cause (a) stating nuse last. DUE TO		<u> </u>	3 1		senkom
BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	ANTECEDENT (Morbid condition rise to the above the underlying of 11. OTHER SIGN Conditions contri	CAUSES ns, if any, giving DUE TO cause (a) stating ruse last. DUE TO IFICANT CONDITIONS ibuting to the death but not	(c)		3 11	· · ·	jenkom
BLACK	"This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- cuse, injury, or complica- tion which caused death.	ANTECEDENT (Morbid condition rise to the above the underlying of 11. OTHER SIGN Conditions controlated to the disc	CAUSES ns, if any, giving DUE TO cause (a) stating ruse last. DUE TO IFICANT CONDITIONS ibuting to the death but not causing de	(c)		3-11		20 AUTOPSY2
BLACK	"This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica-	ANTECEDENT (Morbid condition rise to the above the underlying of 11. OTHER SIGN Conditions controlated to the disc	CAUSES ns, if any, giving DUE TO cause (a) stating ruse last. DUE TO IFICANT CONDITIONS ibuting to the death but not	(c)		3 11	002	20. AUTOPSY?
UNFADING BLACK	"This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION	ANTECEDENT (Morbid condition rise to the above the underlying or 11. OTHER SIGN Conditions contralated to the disc	CAUSES ns, if any, giving DUE TO cause (a) stating nuse last. DUE TO IFICANT CONDITIONS ibuting to the death but not case or condition causing de IDINGS OF OPERATION	(c)	21. (CITY TOWN O	S TOWNSMION	'002	X YES NO
UNFADING BLACK	"This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION	ANTECEDENT (Morbid condition rise to the above the underlying of 11. OTHER SIGN Conditions controlated to the disc	CAUSES ns, if any, giving DUE TO cause (a) stating ruse last. DUE TO IFICANT CONDITIONS ibuting to the death but not causing de	(c)	21c. (CIT) TOWN, O	R TOWNSHIP)	00 2 (COLUMN	X YES NO
UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE	ANTECEDENT (Morbid condition rise to the above the underlying or 11. OTHER SIGN Conditions contr related to the dist 19b. MAJOR FIN	CAUSES Ins., if any, giving DUE TO cause (a) stating truse last. DUE TO IFICANT CONDITIONS ibuting to the death but not axis or condition causing described by the c	(c)	you	exten		X YES NO
UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month)	ANTECEDENT (Morbid condition rise to the above the underlying or 11. OTHER SIGN Conditions contr related to the dist 19b. MAJOR FIN	CAUSES ns, if any, giving DUE TO cause (a) stating nuse last. DUE TO IFICANT CONDITIONS ibuting to the death but not age or condition causing de IDINGS OF OPERATION 21b. PLACE OF INJURY (home, farm, factory, street, o	ath.	21c. (CIT) TOWN, OF	exten		X YES NO
-USING UNFADING BLACK	"This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY	ANTECEDENT (Morbid condition rise to the above the underlying or 11. OTHER SIGN Conditions contralited to the disc 190. MAJOR FIRM (Specify)	CAUSES Ins., if any, giving DUE TO cause (a) stating nuse last. DUE TO IFICANT CONDITIONS ibuting to the death but not rase or condition causing de IDINGS OF OPERATION 21b. PLACE OF INJURY (home, farm, factory, street, cut) (Hour) 21c. INJURY WHILE AT WORK	(c) ath. Des., in or about the bidg., etc.)	you	exten		× YES NO C
-USING UNFADING BLACK	This does not mean the mode of dying, such as heart fallure, asthemia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify	ANTECEDENT (Morbid condition rise to the above the underlying or 11. OTHER SIGN Conditions contr related to the disc 190. MAJOR FI) (Specily) (Day) (Year)	CAUSES Ins., if any, giving DUE TO cause (a) stating nuse last. DUE TO IFICANT CONDITIONS ibuting to the death but not rate or condition causing de IDINGS OF OPERATION 21b. PLACE OF INJURY (home, farm, factory, street, cut) (Hour) 21c. INJURY WHILEAT MORK	ath. act, to or about the bidgetc.) OCCURRED OUT WHILE AT WORK	21f. HOW DID INJUR	7 - 1 4	195 that	YES NO CONTROL (STATE) Vicin (STATE) Vicin (STATE) Vicin (STATE)
-USING UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify alive on	ANTECEDENT (Morbid condition rise to the above the underlying or 11. OTHER SIGN Conditions contralited to the disc 190. MAJOR FIRM (Specify)	CAUSES Ins., if any, giving DUE TO cause (a) stating ruse last. DUE TO IFICANT CONDITIONS ibuting to the death but not rate are or condition causing de IDINGS OF OPERATION 21b. PLACE OF INJURY (home, farm, factory, street, of the deceased from the deceased from the cause of the deceased from the	ath. act, to or about the bidgetc.) OCCURRED OUT WHILE AT WORK	21f. HOW DID INJUR	7 - 1 4		YES NO CONTROL (STATE) White play (STATE) I last saw the deceased stated above.
PLAINLY—USING UNFADING BLACK	This does not mean the mode of dying, such as heart fallure, asthemia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify	ANTECEDENT (Morbid condition rise to the above the underlying or 11. OTHER SIGN Conditions contr related to the disc 190. MAJOR FI) (Specily) (Day) (Year)	CAUSES Ins., if any, giving DUE TO cause (a) stating nuse last. DUE TO IFICANT CONDITIONS ibuting to the death but not rate or condition causing de IDINGS OF OPERATION 21b. PLACE OF INJURY (home, farm, factory, street, cut) (Hour) 21c. INJURY WHILEAT MORK	ath. act, to or about the bidgetc.) OCCURRED OUT WHILE AT WORK	21f. HOW DID INJUR	7 - 1 4	195 that	YES NO CONTROL (STATE) Vicin (STATE) Vicin (STATE) Vicin (STATE)
PLAINLY—USING UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify alive on 23a. SIGNATURE	ANTECEDENT (Morbid condition rise to the above the underlying or 11. OTHER SIGN Conditions contr related to the disc 190. MAJOR FI) (Specily) (Day) (Year)	CAUSES Ins., if any, giving DUE TO cause (a) stating ruse last. DUE TO IFICANT CONDITIONS rate or condition causing de RDINGS OF OPERATION 21b. PLACE OF INJURY (home, farm, factory, street, condition causing de RDINGS OF OPERATION and farm, factory, street, condition causing de RDINGS OF OPERATION 21b. PLACE OF INJURY WHILE AT WHILE AT WHILE AT WHILE AT WHILE AT AND ATT AND A	occurred at	21f. HOW DID INJUR	the causes ar	195 that	YES NO CONTROL STATE) I last saw the deceased stated above. 23c. DATE SIGNED July 24, 1951
PLAINLY—USING UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify alive on 23a. SIGNORE	ANTECEDENT (Morbid condition rise to the above the underlying or II. OTHER SIGN Conditions contr related to the dist (Bpecity) (Day) (Year) that I attended	CAUSES Ins., if any, giving DUE TO couse (a) stating nuse last. DUE TO IFICANT CONDITIONS ibuting to the death but not also or condition causing de IDINGS OF OPERATION 21b. PLACE OF INJURY (home, farm, factory, street, county) WHILE AT WORK The deceased from The deceased from The deceased from The IDINGS OF OPERATION WHILE AT WORK The deceased from The IDINGS OPERATION TO THE IDINGS OF OPERATION TO THE IDINGS OPERATION TO THE ID	occurred at	21f. HOW DID INJUR	the causes ar	19 S that ad on the date	YES NO CONTROL STATE) I last saw the deceased stated above. 23c. DATE SIGNED July 24, 1951
-USING UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify alive on 23a. SIGNATORE 24a. BURIAL. CHIMATION, REMOVAL alive on Remov	ANTECEDENT (Morbid condition rise to the above the underlying or II. OTHER SIGN Conditions contr related to the disc IPU. MAJOR FIN (Bpecify) (Day) (Year) that I attended 24b. DATE JULY 24 BESTSTRAR'S	CAUSES Ins., if any, giving DUE TO couse (a) stating ruse last. DUE TO IFICANT CONDITIONS ibuting to the death but not rate or condition causing de IDINGS OF OPERATION 21b. PLACE OF INJURY (home, farm, factory, street, country) WHILE AT WORK The deceased from The deceased from The deceased from The IDINGS OF OPERATION WHILE AT WORK The deceased from The IDINGS OF OPERATION TO THE IDINGS OF	occurred at	21f. HOW DID INJUR	the causes at 26 LOCATIO	19 S that ad on the date	YES NO COUNTS OF
PLAINLY—USING UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or compileation which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify alive on Took and the control of the cont	ANTECEDENT (Morbid condition rise to the above the underlying or II. OTHER SIGN Conditions contr related to the disc IPU. MAJOR FIN (Bpecify) (Day) (Year) that I attended 24b. DATE JULY 24 BESTSTRAR'S	CAUSES Ins., if any, giving DUE TO couse (a) stating ruse last. DUE TO IFICANT CONDITIONS ibuting to the death but not rate or condition causing de IDINGS OF OPERATION 21b. PLACE OF INJURY (home, farm, factory, street, country) WHILE AT WORK The deceased from The deceased from The deceased from The IDINGS OF OPERATION WHILE AT WORK The deceased from The IDINGS OF OPERATION TO THE IDINGS OF	occurred at	21f. HOW DID INJUR	the causes at 26 LOCATIO	19 Sthat and on the date	YES NO COUNTS OF SOURCE.

SEP 7 1951

AUC 9 1351

DISTRICT MEMBERS OFFICE No. 1

STATEMENT	RY	LICENSED	EMBA	LMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate w	vas embalmed by m	e, or by
	Student	Embalmer No	**************************************
working under my personal supervision.			

Student Embalmer . Licensed Embalmer No. 3743.

P. O. Address Doniphan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

If this body is not embalmed, fact should be so stated above.

the above constitutes grounds for revocation of license.)