

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24130**
Registrar's No. **227**

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6032	
1. PLACE OF DEATH a. COUNTY Ripley.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Ripley.		
b. CITY OR TOWN Doniphan Rural Jordan.		c. LENGTH OF STAY (in this place) 3 weeks.		c. CITY (If outside corporate limits, write RURAL and give township) Doniphan Rural Jordan Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 mi. N. of Doniphan, Missouri.			d. STREET ADDRESS (If rural, give location) 10 mi. N. of Doniphan, Missouri.		
3. NAME OF DECEASED (Type or Print) a. (First) Newton b. (Middle) T. c. (Last) Blackwell.			4. DATE OF DEATH (Month) (Day) (Year) July 24, 1951.		
5. SEX Male.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	
8. DATE OF BIRTH April 6, 1876		9. AGE (in years last birthday) 75.		10. IF UNDER 1 YEAR (Specify) 3-18	
11. BIRTHPLACE (State or foreign country) Franklin County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry Blackwell.		13b. MOTHER'S MAIDEN NAME May		14. NAME OF HUSBAND OR WIFE Mamie Blackwell.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME C. A. May, Doniphan, Mo. ADDRESS R#2 Box 103A, 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) Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH unknown. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? 002X 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) Doniphan, Ripley, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 7-14, 1951 , to 7-24, 1951 that I last saw the deceased alive on 7-14, 1951 and that death occurred at 7:24 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Type or Print) Clifford G. Fork M.D.		23b. ADDRESS Doniphan, Mo.		23c. DATE SIGNED July 24, 1951.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		24b. DATE July 24, 1951.		24c. NAME OF CEMETERY OR CREMATORY Owensville.	
24d. LOCATION (City, town, or county) (State) Owensville, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Ray Messers. ADDRESS Doniphan, Mo.			
DATE REC'D BY LOCAL REG. 7-24-51		REGISTRAR'S SIGNATURE E. C. Johnston			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1951

SEP

1951

SEP 7 1951

AUG 9 1951

DISTRICT HEALTH OFFICE No. 2

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Ray Means

Licensed Embalmer No. *3743*

P. O. Address *Donipham, 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.