

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27819**

FILED AUG 27 1951

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>143</u>	
1. PLACE OF DEATH a. COUNTY PHELPS <u>0812</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GASCONADE			
b. CITY OR TOWN ROLLA		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY OR TOWN Rural (Clay Township) <u>0370</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarlands Nursing Home				3. NAME OF DECEASED a. (First) ELMER b. (Middle) - c. (Last) BLACKWELL			
4. DATE OF DEATH AUG 19 - 1951		5. SEX MALE <u>U</u>		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE <u>0</u>	
8. DATE OF BIRTH OCT. 5 1877		9. AGE (In years last birthday) 73		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM LABORER	
11. BIRTHPLACE (State or foreign country) MISSOURI <u>0</u>				12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME GEORGE BLACKWELL		13b. MOTHER'S MAIDEN NAME ELIZABETH AGEEL		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. LESTER KOENIG * BLAND, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 161X				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 attended the deceased from <u>June</u> , 19 <u>51</u> , to <u>Aug.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug. 17</u> , 19 <u>51</u> and that death occurred at <u>5A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE R. M. Keller		(Degree or title) M.O.		23b. ADDRESS Duvalville, Mo.		23c. DATE SIGNED 8-24-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-21-51		24c. NAME OF CEMETERY OR CREMATORY Scantlin Cemetery		24d. LOCATION (City, town, or county) (State) Phelps County-Mo.	
DATE REC'D BY LOCAL REG. Aug 25, 1951		REGISTRAR'S SIGNATURE Nadine L. Stoll <u>380</u>		25. FUNERAL DIRECTOR'S SIGNATURE Sassmann's Funeral Service-Bland ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Chet Saeman

Licensed Embalmer No. 4128

P. O. Address Blair Ave.

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.