

FILED OCT 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29582**

| | | | | | | | |
|---|------------------------------------|---|--|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 13 | | PRIMARY REG. DIST. NO. 3007 | | Registrar's No. 414 | |
| 1. PLACE OF DEATH a. COUNTY Butler | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Butler | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, | | c. LENGTH OF STAY (In this place) --- | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, | | d. STREET ADDRESS (If rural, give location) Mary & Alice Streets | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mary & Alice Streets | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LEROY | | | b. (Middle) (N) | c. (Last) BLACKMON | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1951 | |
| 5. SEX Male | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child | 8. DATE OF BIRTH Feb. 9, 1950 | | 9. AGE (In years last birthday) 1 | IF UNDER 1 YEAR Months 7 Days 18 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --- | | 10b. KIND OF BUSINESS OR INDUSTRY --- | | 11. BIRTHPLACE (State or foreign country) Poplar Bluff, 0 | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John Wesley Blackmon | | 13b. MOTHER'S MAIDEN NAME Mattie Lofton | | 14. NAME OF HUSBAND OR WIFE Child. | | | |
| 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 John Wesley Blackmon, P. Bluff, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture skull | | | | head | |
| | | ANTECEDENT CAUSES | | | | | |
| | | DUE TO (b) Fall from a bed striking DUE TO (c) on a cabinet | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 128 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Poplar Bluff Butler Mo | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 27-1951 9:45 p.m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Fell from bed striking head | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:15 P.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Chover. W. J. Brown | | | | 23b. ADDRESS Poplar Bluff Mo | | 23c. DATE SIGNED Oct 1-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Oct. 2, 1951 | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | | 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. | | |
| DATE REC'D BY LOCAL REG Oct. 2 1951 | | REGISTRAR'S SIGNATURE Wm. H. Johnson | | 25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell | | ADDRESS P. Bluff, Mo. | |

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

124

RECEIVED

OCT 10 1951
BUTLER CO. HEALTH CENTER

FILE No. 1051-445-

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 Howard A. Cooper.....

Licensed Embalmer No. 3996

P. O. Address 412 Vine St. P. Bluff

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.