

SEP 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

30771

BIRTH NO.		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>122</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>32 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		<u>05-92</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1002 Jackson</u>				d. STREET ADDRESS (If rural, give location) <u>1002 Jackson</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>R</u>		c. (Last) <u>Blackman</u>	
4. DATE OF DEATH		(Month) (Day) (Year) <u>September 19, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 14, 1870</u>		9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ravanna, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Leroy Blackman</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Osborne</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. A.E. Severance; 2201 Taunomee Kansas City, Kans.</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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>Sept 10, 1951</u> , to <u>Sept 19, 1951</u> , that I last saw the deceased alive on <u>Sept 18, 1951</u> , and that death occurred at <u>4 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. M. Russell M.D.</u>				23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>9/19/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-21-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lucerne</u>		24d. LOCATION (City, town, or county) (State) <u>Lucerne Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9/21/51</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home, Chillicothe, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



NOV 24 1951

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 Edna H. Homan

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.