

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32715

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 427

1. PLACE OF DEATH  
a. COUNTY Butler County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Wayne

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo. c. LENGTH OF STAY (in this place) 2 days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Piedmont, Missouri 1110

d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital

d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) A. c. (Last) Blackwell 4. DATE OF DEATH (Month) (Day) (Year) 10 5 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 10-9-1889 9. AGE (In years last birthday) 61 # UNDER 1 YEAR Months 11 Days 26 # UNDER 1 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) Missouri Wayne Co. 12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME John Blackwell 13b. MOTHER'S MAIDEN NAME Cynthia Marler 14. NAME OF HUSBAND OR WIFE Cora Blackwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Cora Blackwell ADDRESS Piedmont, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral thrombus INTERVAL BETWEEN ONSET AND DEATH  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) \_\_\_\_\_  
rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) General arteriosclerosis  
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? YES  NO

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) 332 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 1951 to Oct. 5, 1951, that I last saw the deceased alive on Oct. 5, 1951, and that death occurred at 12:45 pm, from the causes and on the date stated above.

23. SIGNATURE Wm. H. Johnson (Degree or title) 23b. ADDRESS Poplar Bluff, Missouri 23c. DATE SIGNED Oct. 11, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-7-1951 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery 24d. LOCATION (City, town, or county) (State) Piedmont, Missouri

DATE REC'D BY LOCAL REG. Oct 12 1951 REGISTRAR'S SIGNATURE Wm. H. Johnson 428 25. FUNERAL DIRECTOR'S SIGNATURE William E. Rode ADDRESS Piedmont

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

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RECEIVED

OCT 16 1951

BUTLER CO. HEALTH CENTER

FILE No. 1051-458

OCT 16 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 \_\_\_\_\_  
Coder Funeral Home

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed William Coder

Licensed Embalmer No. \_\_\_\_\_

P. O. Address Piedmont, Missouri

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.