

FILED NOV 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 36846

0350
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
 a. COUNTY DUNKLIN
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOLCOMB
 c. LENGTH OF STAY (In this place) 13 YEARS
 d. FULL NAME OF HOSPITAL OR INSTITUTION HOLCOMB, Mo. ROUTE I

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MISSOURI b. COUNTY DUNKLIN
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOLCOMB 0350
 d. STREET ADDRESS (If rural, give location) 1 mi south - 1 mi East - + 1/4 mi - South

3. NAME OF DECEASED
 a. (First) PAXSY b. (Middle) FLORA c. (Last) BLACKBOURN

4. DATE OF DEATH (Month) (Day) (Year)
11 - 1 - 51

5. SEX FEMALE **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED

8. DATE OF BIRTH SEPT 30, 1883 **9. AGE** (In years last birthday) 68 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) HOUSE WIFE **10b. KIND OF BUSINESS OR INDUSTRY** home

11. BIRTHPLACE (State or foreign country) N.C. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME JOE SMITH **13b. MOTHER'S MAIDEN NAME** JULIA FOY **14. NAME OF HUSBAND OR WIFE** DAVID S. BLACKBOURN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO **16. SOCIAL SECURITY NO.** NONE **17. INFORMANT'S SIGNATURE OR NAME** SYLVIA STEWART **ADDRESS** HOLCOMB ROUTE I

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Arteriosclerosis, hypertension
 DUE TO (c) 4201

11. OTHER SIGNIFICANT CONDITIONS
Traumatic injury 3rd. Automobile accident

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** Autonmible accident **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)** _____

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 10/10, 1951, to 11/1, 1951, that I last saw the deceased alive on Oct 23, 1951, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE Ed Cochran (Degree or title) M.D. **23b. ADDRESS** Holcomb Mo **23c. DATE SIGNED** 11/1/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** _____ **24c. NAME OF CEMETERY OR CREMATORY** MITCHELL Cem **24d. LOCATION** (City, town, or county) (State) GREENWAY ARK.

DATE REC'D BY LOCAL REG. Nov 10 - 51 **REGISTRAR'S SIGNATURE** J. Anderson **25. FUNERAL DIRECTOR'S SIGNATURE** Lloyd Russell **ADDRESS** Piggott Ark

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-13-51

COUNTY FILE NUMBER 1151-312

NOV 28 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 Clayton L. ...

Licensed Embalmer No. 636 ans

P. O. Address

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.