0.300
0.48

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

FILED DEC 8- 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 38597

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 386

**1. PLACE OF DEATH**
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Francois Farmington Rural
c. LENGTH OF STAY (in this place): 2½ hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital, Farmington

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: Dent
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem. Mo. 0351
d. STREET ADDRESS (If rural, give location): Salem, Mo.

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): "Jack"
c. (Last): Cleveland Blackwell

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 17, 1951

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)**: Married
**8. DATE OF BIRTH**: June 6, 1886
**9. AGE** (In years last birthday): 65 — If under 1 year: Months 5, Days 11 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): watchman
**10b. KIND OF BUSINESS OR INDUSTRY**: Dry Goods
**11. BIRTHPLACE** (State or foreign country): Salem, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: James Thomas Blackwell
**13b. MOTHER'S MAIDEN NAME**: Martha Jane Harrid
**14. NAME OF HUSBAND OR WIFE**: Callie 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.**: 486-18-9430
**17. INFORMANT'S SIGNATURE OR NAME**: Lloyd Blackwell, Son, Salem, Mo ADDRESS

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute adrenal cortex insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Secondary dehydration
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Possible rabies — ?

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 094-X
**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) m.
**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* II-13-51, 19___, *to* II-17-51, 19___, *that I last saw the deceased alive on* 11-17-51, 19___, *and that death occurred at* 6:00P m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: [signature] (Degree or title): D
**23b. ADDRESS**: Salem. Mo.
**23c. DATE SIGNED**: II-20-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: II-20-51
**24c. NAME OF CEMETERY OR CREMATORY**: Cedar Grove Cem.
**24d. LOCATION** (City, town, or county) (State): Salem, Mo.

**DATE REC'D BY LOCAL REG.**: II-20-51
**REGISTRAR'S SIGNATURE**: Esther Rudloff
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Hobson & Grantham, Salem, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 3 1951
DISTRICT HEALTH OFFICE No. 4
File No.

## 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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.