

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41216

State File No. ....

FILED JAN 12 1952

BIRTH NO. ....		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5429</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Herald Mo Rural</u> c. LENGTH OF STAY (in this place) <u>5360</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Residence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Herald Rural</u> d. STREET ADDRESS (If rural, give location) <u>5 miles north of Herald</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Newton</u> c. (Last) <u>Blackwell</u>		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>7</u> (Year) <u>1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 7 - 1883</u>		9. AGE (In years last birthday) <u>68</u>		10. UNDER 1 YEAR Months <u>10</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</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 <u>farm work</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin Co - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Blackwell</u>		13b. MOTHER'S MAIDEN NAME <u>West</u>		14. NAME OF HUSBAND OR WIFE <u>Violet Blackwell</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 <u>Willard D. Blackwell</u>		18. ADDRESS <u>Herald, Mo</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral 9 months</u> <u>causing severe hemorrhage</u> <u>&amp; death resulting</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>July</u> , 19 <u>50</u> , to <u>Dec 7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 7</u> , 19 <u>51</u> , and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Chas. A. Schmitt</u> (Degree or title) <u>med.</u>	
23b. ADDRESS <u>Herald, Mo</u>		23c. DATE SIGNED <u>12-10-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>12-9-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns</u>		24d. LOCATION (City, town, or county) (State) <u>Beaufort 7 Franklin Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Meyer</u>		25. ADDRESS <u>Herald Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-10-51</u>		REGISTRAR'S SIGNATURE <u>H. L. Matthews</u>		95		25. ADDRESS <u>Herald Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*Stanley E. Meyer*

Licensed Embalmer No. *4039*

P. O. Address *Gerald, 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.