

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

State File No. **7714**

FILED APR 15 1952

BIRTH NO. _____		REG. DIST. NO. 64		PRIMARY REG. DIST. NO. 5243		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Chariton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton			
b. CITY OR TOWN Forest Green		c. LENGTH OF STAY (in this place) Approx 4 Wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury		d. STREET ADDRESS (If rural, give location) East Lusher St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Main St.							
3. NAME OF DECEASED (Type or Print) a. (First) Daisy		b. (Middle) May		c. (Last) Blackwell		4. DATE OF DEATH (Month) (Day) (Year) March 31-1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov 1-1881	
9. AGE (In years last birthday) 70		10. UNDER 1 YEAR 5		11. UNDER 1 YEAR 30		12. UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Ireland		13b. MOTHER'S MAIDEN NAME Louiza Wilkerson		14. NAME OF HUSBAND OR WIFE Joseph Blackwell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jesse Belcher ADDRESS Forest Green Mo.			
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 10 days			
ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis 2 years				DUE TO (c) Hypertension 2 years			
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 331X				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) m.		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 JAN 24, 1952 to MARCH 31, 1952 , that I last saw the deceased alive on MAR. 30, 1952 , and that death occurred at 9:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. J. Richhorn D.O.				23b. ADDRESS Salisbury Mo.		23c. DATE SIGNED Apr. 3, 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE April 3-1952		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Salisbury Mo	
DATE REC'D BY LOCAL REG. 3/6/52		REGISTRAR'S SIGNATURE H. H. ...		25. FUNERAL DIRECTOR'S SIGNATURE C. B. Winkelmeier		ADDRESS Salisbury, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Chas B Winkelmeier

Licensed Embalmer No.

3842

P. O. Address

Salisbury, 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.