

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

11239

State File No. _____

No. 300
10-48

FILED APR 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>384</u>		PRIMARY REG. DIST. NO. <u>4515</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>SUTTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SUTTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>		c. LENGTH OF STAY (In this place) <u>12 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u> <u>1050</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GEORGE</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>BLACKMAN</u>	
4. DATE OF DEATH		(Month) <u>MAR</u>		(Day) <u>31</u>		(Year) <u>52</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>JAN 7 1877</u>	9. AGE (In years last birthday) <u>75</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GEN FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HENRY WM BLACKMAN</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE KANE</u>		14. NAME OF HUSBAND OR WIFE <u>OLIVA BLACKMAN</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>488-14-3961</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Blackman</u>		ADDRESS <u>Milan</u>	
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) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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 <u>4201</u>				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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>1-2</u> , 19 <u>52</u> to <u>3-31</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>52</u> , and that death occurred at <u>10:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed Simpson</u> (Degree or title) <u>DO</u>				23b. ADDRESS <u>Milan</u>		23c. DATE SIGNED <u>4-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-3-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>		24d. LOCATION (City, town, or county) (State) <u>Plano, Ill</u> <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 5, 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel R. Harris</u>		ADDRESS <u>Milan</u>	

(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

Arnold C. Higgins

Licensed Embalmer No. 3792

P. O. Address

Melan Me

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.