

10.48 APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11849

State File No.

BIRTH NO.		REG. DIST. NO. <u>375</u>		PRIMARY REG. DIST. NO. <u>6284</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Montgomery Twp</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Montgomery Twp</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>		b. (Middle) <u>T</u>		c. (Last) <u>BLACKWELL</u>	
4. DATE OF DEATH		(Month) <u>Mar</u>		(Day) <u>28</u>		(Year) <u>1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done in last month of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Blackwell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Rogan</u>		14. NAME OF HUSBAND OR WIFE <u>Linda Blackwell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertis Blackwell</u> ADDRESS <u>Manes Mo</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>Organic disease</u> <u>Influenza</u> ANTECEDENT CAUSES Morbidity 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. <u>Bright disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3-9-51</u> <u>10da</u> <u>6mos-</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		481 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 <u>3-9-</u> , 19 <u>51</u> , to <u>3/28</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/28</u> , 19 <u>52</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. G. Fraume</u>		(Degree or title) <u>Physician</u>		23b. ADDRESS <u>Manes Mo</u>		23c. DATE SIGNED <u>3-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 30, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Manes</u>		24d. LOCATION (City, town, or county) (State) <u>Manes MO</u>	
DATE REC'D BY LOCAL REG. <u>4-5-52</u>		REGISTRAR'S SIGNATURE <u>E. B. Garner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thable Windle</u>		ADDRESS <u>Manes Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT
County File Number 42-2-3
Date Filed 4-5-52

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 _____

Frank Meale

Licensed Embalmer No. 4140

P. O. Address Wm. J. Meale, Inc.

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.