

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27595

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 61			
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		c. LENGTH OF STAY (in this place) 26 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		0.33/			
d. FULL NAME OF HOSPITAL OR INSTITUTION 203 N. Pershing				d. STREET ADDRESS (If rural, give location) 203 N. Pershing 0					
3. NAME OF DECEASED (Type or Print)		a. (First) Hardee		b. (Middle) Allen		c. (Last) Blackwell			
4. DATE OF DEATH		(Month) Aug.		(Day) 6,		(Year) 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 31, 1864		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY County Court		11. BIRTHPLACE (State or foreign country) Dent County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Blackwell		13b. MOTHER'S MAIDEN NAME Nancy Barnes		14. NAME OF HUSBAND OR WIFE America Jane Blackwell					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. D. B. Chrisco, Salem, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbidity 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. Generalized arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH minutes				19. DATE OF OPERATION none		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Salem, Mo. 0		21f. HOW DID INJURY OCCUR? 4221			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. none		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from _____ to _____, 1952, and that death occurred at _____ from the causes and on the date stated above. Aug 6, 1952 to Aug 6, 1952, 152 PM					
23a. SIGNATURE L.H. Hunt, Jr. M.D.		23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 8/8/52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-8-52		24c. NAME OF CEMETERY OR CREMATORY Blackwell Cemetery		24d. LOCATION (City, town, or county) (State) Dent, Mo.			
DATE REC'D BY LOCAL REG. 8-9-52		REGISTRAR'S SIGNATURE M. Dr. Hart, M.D. by Miss		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hobson & Grantham, Salem, 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 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 with the above constitutes grounds for revocation of license.)

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