

S. No. 300  
IV. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27634**

**7120** AUG 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>109</u>		PRIMARY REG. DIST. NO. <u>5424</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Union Twp.</u>		c. LENGTH OF STAY (In this place) <u>21 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Union Township</u>		<u>0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home- Rte. 3</u>				d. STREET ADDRESS (If rural, give location) <u>Rte. 3 Campbell, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>GUY</u>		a. (First) <u>R.</u>		b. (Middle) <u>BLACKBURN</u>		c. (Last) <u>BLACKBURN</u>	
4. DATE OF DEATH <u>Aug. 14 1952</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>Sept. 30, 1891</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u>		IF UNDER 1 HR. Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsfield, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin Blackburn</u>		13b. MOTHER'S MAIDEN NAME <u>Neva Wyne Berry</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Blackburn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elsie Blackburn, Campbell, Mo. R. 3</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Hypertensive Cardio-Vascular disease</u>  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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/14</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on <u>8/14</u> , 19 <u>52</u> , and that death occurred at <u>10:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wallace A. Selsey M.D.</u>				23b. ADDRESS <u>Campbell, Mo.</u>		23c. DATE SIGNED <u>8/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 18, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jerrerson Barracks, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/16/52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Jewel Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u>		ADDRESS <u>Campbell, Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD / 0350

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1952

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 8-18-52 .....  
COUNTY FILE NUMBER ..... 852-225 .....

SEP 8 1952

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.