

No. 300 FILED MAR 3 - 1953
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7060

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3050 Registrar's No. 70

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R. 5. Sedalia Mo</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>8800</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hospital # 2</u> | | | |

| | | | | |
|-------------------------------------|---------------------------|-------------------------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Phillip</u> | b. (Middle) <u>Blackstone</u> | c. (Last) <u>Blackstone</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-24-1953</u> |
|-------------------------------------|---------------------------|-------------------------------|-----------------------------|--|

| | | | | | | | | |
|--------------------|-------------------------------|---|---------------------------------|---|------------------------|----------------------|------------------------|-----------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Unknown</u> | 9. AGE (to years last birthday) <u>69</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|--------------------|-------------------------------|---|---------------------------------|---|------------------------|----------------------|------------------------|-----------------------|

| | | | |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Beaman Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
|---|-----------------------------------|--|---|

| | | |
|---|--|-----------------------------|
| 13a. FATHER'S NAME <u>Thomas Blackstone</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Wright</u> | 14. NAME OF HUSBAND OR WIFE |
|---|--|-----------------------------|

| | | | |
|---|-------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u> | ADDRESS |
|---|-------------------------|--|---------|

| | | | |
|---|--|--------------|----------------------------------|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>arterio sclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>2/201</u> | |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 12-26-1952 to 1-24-1953, that I last saw the deceased alive on 1-24-1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

| | | |
|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>A. R. Maddox M.D.</u> (Degree or title) | 23b. ADDRESS <u>46 1/2 W. Main</u> | 23c. DATE SIGNED <u>1-28-53</u> |
|---|------------------------------------|---------------------------------|

| | | | |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-28-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Glenwood Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis Mo</u> |
|---|--------------------------|---|--|

| | | | |
|---|--|--|----------------------------|
| DATE REC'D BY LOCAL REG. <u>2/25/1953</u> | REGISTRAR'S SIGNATURE <u>A. R. Maddox M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Ferguson</u> | ADDRESS <u>Sedalia Mo.</u> |
|---|--|--|----------------------------|

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

804

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 F. D. Ferguson

Licensed Embalmer No. 2173

P. O. Address Sarlaton

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.