

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

8446

State File No.

FILED MAR 10 1953

BIRTH NO. REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Shelby county		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyville, Mo. Rural	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyville, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyville, Mo. Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) Taylor Twp. 10 miles N.W.	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) EMMA c. (Last) BLACKWOOD		4. DATE OF DEATH (Month) (Day) (Year) 3-4-1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-13-1874
9. AGE (In years last birthday) 78		10. MONTHS 11	11. DAYS 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Same	
11. BIRTHPLACE (State or foreign country) Marion County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Benjamin Forman		13b. MOTHER'S MAIDEN NAME Mary Gay	
14. NAME OF HUSBAND OR WIFE T. D. Blackwood		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME T.D. Blackwood, Shelbyville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia 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. Hypertensive Cardiovascular disease 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 490X		INTERVAL BETWEEN ONSET AND DEATH 4 days	
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) (Minute) _____		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 1945 , to March 3, 1953 , that I last saw the deceased alive on March 3, 1953 , and that death occurred at 3:45 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE W. Wright (Degree or title) D.O.		23b. ADDRESS Leonard Mo -	
23c. DATE SIGNED 3/5/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3-7-1953		24c. NAME OF CEMETERY OR CREMATORY Shelbina	
24d. LOCATION (City, town, or county) (State) Shelbina, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Barkelaw-Hawkins	
DATE REC'D BY LOCAL REG. 3-7-53		REGISTRAR'S SIGNATURE Ada Garrison	

(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.....

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3498

P. O. Address.....

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.