

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9129

State File No.

FILED APR 4 1953

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4112 Registrar's No. 14

210
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dalton	c. LENGTH OF STAY (in this place) 41-Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dalton, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION N-part of Dalton		d. STREET ADDRESS (If rural, give location) N-part of Dalton	

3. NAME OF DECEASED (Type or Print)	a. (First) Alvin	b. (Middle) Euel	c. (Last) Blackwell	4. DATE OF DEATH (Month) (Day) (Year) March 29, 1953
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5. SEX Male	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 23, 1911	9. AGE (In years last birthday) 41	10. MONTHS 11	11. DAYS 6	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and State or Foreign Country) Dalton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James Blackwell	13b. MOTHER'S MAIDEN NAME Jennie Jones	14. NAME OF HUSBAND OR WIFE Lavenia Benson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 2	16. SOCIAL SECURITY NO. 37-213-533	17. INFORMANT'S SIGNATURE OR NAME Jennie Blackwell	ADDRESS Dalton, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) rickets & Syphilis		
	DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 2, 1952, to March 28, 1953, that I last saw the deceased alive on March 28, 1953, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. L. Foster (Degree or title) D.O.	23b. ADDRESS Brunswick Mo.	23c. DATE SIGNED 4-1-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 1, 1953	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Dalton, Mo.
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DATE RECD BY LOCAL REG. April 1-53	REGISTRAR'S SIGNATURE Mildred Brown	25. FUNERAL DIRECTOR'S SIGNATURE Hyde + Barnett	ADDRESS Keytesville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

APR 9 1956

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 H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Key town 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.