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

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

17545

FILED JUN 5 1953

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5386</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Norman</u>		c. LENGTH OF STAY (in this place) <u>69 yrs</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS <u>Norman Township</u>			
3. NAME OF DECEASED (Type or Print) <u>Ollie</u>		a. (First)		b. (Middle) <u>Virginia</u>		c. (Last) <u>Blackwell</u>	
4. DATE OF DEATH <u>May 27 1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct. 27, 1867</u>		9. AGE (in years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>		14. NAME OF HUSBAND OR WIFE <u>Jim Blackwell "DECEASED"</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>N ne</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Rozine Grace Edwardsville</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left breast.</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> ANTECEDENT CAUSES Aetior 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170X</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) m.		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 <u>3-29-1953</u> , to <u>5-23-1953</u> , that I last saw the deceased alive on <u>5-23-1953</u> , and that death occurred at <u>11:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. Hart</u>		(Degree or title)		23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>5-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 30, '53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blackwell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dent County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-27-53</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M. W. Byrnes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. L. Grantham</u>		ADDRESS <u>Salem, Mo.</u>	

**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, ~~and~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Marshall E. Blackwell*.....

Licensed Embalmer No. *47*.....

P. O. Address *Salem,*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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