

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18939

FILED MAY 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. LENGTH OF STAY (in this place) <u>4 mo</u>		c. CITY (If within corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0870</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NAOMI</u>		b. (Middle) _____		c. (Last) <u>Blackwell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Never married</u>		8. DATE OF BIRTH <u>Nov 10 1896</u>	
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>6</u>		11. DAYS <u>4</u>		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, with brief detail) <u>Registered Nurse</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Mo</u>	
13a. FATHER'S NAME <u>C. M. Blackwell</u>				13b. MOTHER'S MAIDEN NAME <u>Sallie Surpin</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Lucy Ella Blackwell</u> ADDRESS <u>Bowling Green</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinoma -</u> <u>Tosis Ca of Colon</u> Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Hepatic Plethora</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between onset and death: <u>3 mo.</u> <u>1 mo</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.) _____		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153X</u>			
22. I hereby certify that I attended the deceased from <u>3-24-53</u> , 19 <u>53</u> , to <u>5-14-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-14-53</u> , 19 <u>53</u> , and that death occurred at <u>5:35 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. H. Leivick M.D.</u> (Degree or title)				23b. ADDRESS <u>Louisiana Mo</u>		23c. DATE SIGNED <u>5/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		24d. LOCATION (City, town, or county) (State) <u>Pike Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>May 16, 1953</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Grace Lankford</u>		ADDRESS <u>Bowling Green MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0870

JUN 17 1953

JUL 16 1953

JUN 22 1953

### 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.

Student Embalmer No. ....

Signed.....

*Harold C. Kink*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bentley Green, m

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.