

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **21275**
Registrar's No. **629**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 629	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield			
c. LENGTH OF STAY (In this place) 40 years				d. STREET ADDRESS (If rural, give location) 2336 Boonville Avenue			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2336 Boonville Avenue				d. STREET ADDRESS (If rural, give location) 2336 Boonville Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) EVA		b. (Middle) L		c. (Last) BLACKWELL	
4. DATE OF DEATH		(Month) July		(Day) 3		(Year) 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 29 March 1883		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Bois D'Arc, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nicholas Chamlee		13b. MOTHER'S MAIDEN NAME Celia Cook		14. NAME OF HUSBAND OR WIFE Charles J. Blackwell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME William Blackwell			
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) Rheumatic Myocarditis ANTECEDENT CAUSES Morbid 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. INTERVAL BETWEEN ONSET AND DEATH 5 yrs.				ADDRESS 1530 E. Commercial, Springfield, Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 415X				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) (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 Feb 1849 , to July 3, 1953 , that I last saw the deceased alive on July 3, 1953 , and that death occurred at 2:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Paul C. Marton		(Degree or title) M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 7-3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5 July 1953		24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery		24d. LOCATION (City, town, or county) (State) Greene County, Missouri.	
DATE REC'D BY LOCAL REG. 7-6-53		REGISTRAR'S SIGNATURE Edith Williamson		FUNERAL DIRECTOR'S SIGNATURE Paul C. Marton			
				ADDRESS Springfield, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

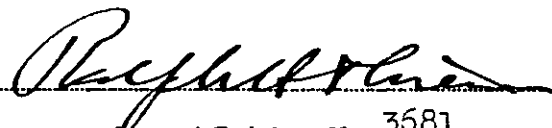
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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.