

STANDARD CERTIFICATE OF DEATH

23833

State File No. _____

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5062 Registrar's No. 58

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1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Purdy Rural, Purdy Twp.</u>		c. CITY OR TOWN (If inside corporate limits, write RURAL and give township) <u>Purdy Rural, Purdy Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home, East of Purdy</u>		d. STREET ADDRESS (If rural, give location) <u>East of Purdy</u> <u>0060</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>David</u> c. (Last) <u>Blalock</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3-1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 18-1880</u>	9. AGE (in years last birthday) <u>73</u>	10. MONTHS <u>4</u>	11. DAYS <u>15</u>	12. IF UNDER 18. Hours <u></u> Mts. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Purdy, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Martin Blalock</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Boyd</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Blalock</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence Blalock</u>	ADDRESS <u>Purdy, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hr</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) _____		
	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>4/201</u>	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) _____	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 4-18, 1953, to 8-3, 1953, that I last saw the deceased alive on 8-3, 1952, and that death occurred at home, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. D. Baldwin M.D.</u>	23b. ADDRESS <u>Purdy Mo.</u>	23c. DATE SIGNED <u>8-5-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 5-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sparks Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Southeast of Purdy Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-7-53</u>	REGISTRAR'S SIGNATURE <u>Katherine Henderson</u>	487-C	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett-Washington</u>	ADDRESS <u>Monett Mo.</u>
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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 G. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Bonnet 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.