

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27402

State File No. _____

FILED JUL 17 1953

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 106

1003

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

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		b. COUNTY Mississippi	
c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Prairie 0671	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.		d. STREET ADDRESS (If rural, give location) General Delivery	

3. NAME OF DECEASED (Type or Print) a. (First) Larry	b. (Middle) Gene	c. (Last) Blackwood	4. DATE OF DEATH (Month) (Day) (Year) 7-3-1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH 9-15-1917	9. AGE (In years last birthday) 36	10 UNDER 1 YEAR 9 Months	10 UNDER 1 YEAR 10 Days	10 UNDER 1 Mth. 1 Mth.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY Baby		11. BIRTHPLACE (City and State or Foreign Country) East Prairie, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Avery Blackwood	13b. MOTHER'S MAIDEN NAME Dora Harris	14. NAME OF HUSBAND OR WIFE ---
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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) no	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME AVERY BLACKWOOD	ADDRESS EAST PRAIRIE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH 48 HRS 3 WEEKS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PERTUSSIS</u>		
	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 0561	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)
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 3 JULY 1953 to July 3, 1953 that I last saw the deceased alive on 3 JULY 1953, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Averis B. ... MD	22b. ADDRESS SIKESTON, Mo.	22c. DATE SIGNED 4 JULY 53
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-5-53	23c. NAME OF CEMETERY OR CREMATORY Newanne	23d. LOCATION (City, town, or county) (State) Newanne, Mo.
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DATE REC'D BY LOCAL REG. July 10-53	REGISTRAR'S SIGNATURE Mrs. Clara Hunter	429	FUNERAL DIRECTOR'S SIGNATURE Davis Shelby East Prairie	ADDRESS
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RECEIVED JUL 13 1953
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 753-159

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

Ernie Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.