No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1953

State File No. 35159

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 430

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff TWP
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff (Rural) 0120 0
d. STREET ADDRESS (If rural, give location): Marocco Community.

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle):
c. (Last): Blackman

4. DATE OF DEATH (Month) (Day) (Year): 10 - 2 - 1953

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. ~~MARRIED, NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): 2
8. DATE OF BIRTH: 12-8-1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 19, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): McGee, Ark. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: State Wilson
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Vick Blackman - Poplar Bluff, Mo

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): apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis — 2 yrs.
DUE TO (c): Hypertension

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: 443X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Sept, 1953, *to* 2 Oct, 1953, *that I last saw the deceased alive on* 30 Sept 1953, *and that death occurred at* 10:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Cy. O. Rost O M.D.
23b. ADDRESS: Poplar Bluff, Mo
23c. DATE SIGNED: 16 Oct 53

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
24b. DATE: 10-9-53
24c. NAME OF ~~CEMETERY OR~~ CREMATORY: Marocco
24d. LOCATION (~~City, town,~~ or county) (State): Butler — Mo.

DATE REC'D BY LOCAL REG.: 10/19/53
REGISTRAR'S SIGNATURE: 489 P H Menetree
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Fred J. Smith, Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 26 1953
BUTLER CO. HEALTH CENTER

FILE No.

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.