

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39433

State File No.

BIRTH NO. 71281 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 522

1. PLACE OF DEATH a. COUNTY <p align="center">Jasper</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Jasper</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Joplin</p>		c. LENGTH OF STAY (In this place) <p align="center">1 Day</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Joplin</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Freeman Hospital</p>				d. STREET ADDRESS (If rural, give location) <p align="center">32nd and Iron Gates</p>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <p align="center">Timothy</p>	b. (Middle) <p align="center">Aaron</p>	c. (Last) <p align="center">BLACKFORD</p>	October 22 , 19 53		

5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Never Married</p>	8. DATE OF BIRTH <p align="center">October 21, 1953</p>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
						1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Infant</p>	10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Child</p>	11. BIRTHPLACE (State or foreign country) <p align="center">Joplin, Mo.</p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.</p>
--	---	---	---

13a. FATHER'S NAME <p align="center">Harold Blackford</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Peggy Armstrong</p>	14. NAME OF HUSBAND OR WIFE <p align="center">None</p>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>	16. SOCIAL SECURITY NO. <p align="center">None</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Harold Blackford</p>	ADDRESS <p align="center">Joplin, Mo.</p>
---	--	--	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p align="center">24 hrs.</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>atelectasis bilateral</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <p align="center">DUE TO (b) _____ DUE TO (c) _____</p>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Congenital heart disease</i>		<p align="center">24 hrs.</p>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p align="center"><i>7620</i></p>	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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Oct 21, 1953, to Oct 22, 1953, that I last saw the deceased alive on Oct 22, 1953, and that death occurred at 5:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i> M.D.	23b. ADDRESS <p align="center">Joplin, Missouri</p>	23c. DATE SIGNED <p align="center">11-17-53</p>
---	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>	24b. DATE <p align="center">Oct 24, 1953</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Mt Hope Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Webb City, Missouri</p>
--	--	---	---

DATE REC'D BY LOCAL REG. <p align="center">11-21-53</p>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Thornhill-Dillon Mort</p>	ADDRESS <p align="center">Joplin, Mo.</p>
---	---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

FILED NOV 27 1953

RECEIVED

NOV 22 1953

Jasper County Health Office

County File Number 940

Date Filed NOV 25 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

W. A. Wood

Signed.....

Student Embalmer

Licensed Embalmer No. 4770

P. O. Address *Joplin, 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.