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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9481

FILED APR 8 1954

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO 5826 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaFont Twsp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: ½ mile S. of Mounds Cem.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): ½ mile S. of Mounds Cem.

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

4. DATE OF DEATH (Month) (Day) (Year): April 2 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 21 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 7, Days 11 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): New Madrid Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward Blackmon
13b. MOTHER'S MAIDEN NAME: Mary Jitton
14. NAME OF HUSBAND OR WIFE: Bernice Blackmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War 1
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Bernice Blackmon — ADDRESS: Portageville, Mo R

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage-Right Side — INTERVAL BETWEEN ONSET AND DEATH: 7½ hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Essential Hypertension — 18 months

DUE TO (c) Arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
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* 1-12, 1953, *to* 4-1, 1954, *that I last saw the deceased alive on* 4-1, 1954, *and that death occurred at* 1 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: James O. Cameron (Degree or title) D.O
23b. ADDRESS: Box 4 Marston Mo
23c. DATE SIGNED: 4-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-7-54
24c. NAME OF CEMETERY OR CREMATORY: Sand Hill Cem
24d. LOCATION (City, town, or county) (State): New Madrid, Mo.

DATE REC'D BY LOCAL REG.: 4-6-54
REGISTRAR'S SIGNATURE: H. L. Ponder Deputy 214-C
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ponder Funeral Home-Lilbourn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 33

P. O. Address Tilbour

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.