

STANDARD CERTIFICATE OF DEATH

State File No. 9740

FILED MAR 16 1954

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4446 Registrar's No. 26

0890

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

1. PLACE OF DEATH a. COUNTY <u>Rzy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HARDIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>STOVER</u> <u>0710</u>	
c. LENGTH OF STAY (In this place) <u>5 months</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME OF PAUPERS</u>			

3. NAME OF DECEASED a. (First) <u>EDWARD</u> b. (Middle) <u>GRANT</u> c. (Last) <u>BLACKMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-6-54</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>widowed</u>		8. DATE OF BIRTH <u>Oct. 1, 1868</u>		9. AGE (In years last birthday) <u>85</u> If UNDER 1 YEAR: Months Days If UNDER 18 Hrs. Mins.	
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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>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MORGAN COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>ELISHA BLACKMAN</u>		13b. MOTHER'S MAIDEN NAME <u>ADELINE (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>FRANCES E. BLACKMAN</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. BESSIE WALL</u> ADDRESS <u>HARDIN, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>				?	
		DUE TO (c) <u>Arteriosclerosis</u>				?	
		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				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)		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 3-5, 1954, to 3-6, 1954, that I last saw the deceased alive on 3-6, 1954, and that death occurred at 10:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry S. Hollman, D.O.</u> (Degree or title)		23b. ADDRESS <u>Hardin, Mo.</u>		23c. DATE SIGNED <u>3-6-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stover Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Mar 9-1954</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u> 273-		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knipshill & Bookending</u> ADDRESS <u>Hardin Mo.</u>	
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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 August Borcherting

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.