

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12917**

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 76	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. LENGTH OF STAY (in this place) 8 days		c. CITY OR TOWN Dixon		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps County Memorial Hospital				STREET ADDRESS (If rural, give location) 0850			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Terisa		c. (Last) Blackwell		4. DATE OF DEATH (Month) (Day) (Year) 4 30 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9/15/1876		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Robert L. Nelson		13b. MOTHER'S MAIDEN NAME Elizabeth Sneed		14. NAME OF HUSBAND OR WIFE Columbus C. Blackwell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. C. C. Blackwell, Dixon, Missouri			
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) Cerebral vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture left hip (neck) femur DUE TO (c) Fracture neck left humerus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION 27- April-54		19b. MAJOR FINDINGS OF OPERATION Fracture neck of left femur				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Dixon		21d. STATE Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 3, 1954		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Slipped on stairs			
22. I hereby certify that I attended the deceased from home , 19 1876 to April 1954 , that I last saw the deceased alive on 20 April , 19 54 , and that death occurred at 12 m., from the causes and on the date stated above.							
23a. SIGNATURE L. Stoll				23b. ADDRESS Dixon Mo.		23c. DATE SIGNED 5 May 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/2/1954		24c. NAME OF CEMETERY OR CREMATORY Kenner Cemetery		24d. LOCATION (City, town, or county) (State) Marion County, Missouri	
DATE REC'D BY LOCAL REG. May 3, 1954		REGISTRAR'S SIGNATURE Madeline L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE Frederick D. Bell		ADDRESS Dixon Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 5-10-54

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 April - 30 - 1954, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred H. Guller

Licensed Embalmer No.....

P. O. Address Dixon, Miss.

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

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