

FILED SEP 7 1954

## STANDARD CERTIFICATE OF DEATH

28328

State File No. ....

0640

10.40

BIRTH NO. .... REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5801 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Washington Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Washington Township</b>	
c. LENGTH OF STAY (in this place) <b>14 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>Hinnerwell mo R#2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hinnerwell. #RED. 2.</b>			
3. NAME OF DECEASED a. (First) <b>ANDREW</b>		b. (Middle) <b>LE ROY</b>	
c. (Last) <b>BLACKWELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 28 1954</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 7-1890</b>
9. AGE (in years last birthday) <b>64</b>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SULLIVAN Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>WILLIAM H BLACKWELL</b>	13b. MOTHER'S MAIDEN NAME <b>MARTHA HOKE</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Grace BLACKWELL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-38-1873</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Grace Blackwell</b>		18. ADDRESS <b>Monroe</b>	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		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 <b>4201</b>	
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 (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8-28, 1954</b> , to <b>8-28, 1954</b> , that I last saw the deceased alive on <b>8-28, 1954</b> , and that death occurred at <b>8:40 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Willis L. ...</b>		23b. ADDRESS <b>Paris, Mo.</b>	
23c. DATE SIGNED <b>8-30-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>AUG. 31-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Libbs Mo</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilson &amp; Sons</b>		ADDRESS <b>Monroe City, Mo.</b>	

DATE REC'D BY LOCAL REG. **9-3-54**

REGISTRAR'S SIGNATURE **Edna Roberson**

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(Licensed Embalmer's Statement on Reverse Side)

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

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.