

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37921**

FILED NOV 29 1954

BIRTH NO. _____		REG. DIST. NO. <b>179</b>		PRIMARY REG. DIST. NO. <b>5667</b>		Registrar's No. <b>3</b>	
1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Bedford Twp</b> )		c. LENGTH OF STAY (in this place) <b>2 1/2 hrs</b>		c. CITY OR TOWN <b>Rural Bedford Twp</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Lincoln Co Memorial Hosp.</b>				STREET ADDRESS (If rural, give location) <b>Farm Residence in Trailer</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Leon</b>		b. (Middle) <b>D.</b>		c. (Last) <b>Blackman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 18, 1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 8, 1882</b>	
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Allegan Co. Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Wallace C. Blackman</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Dibble</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Blackman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY (If yes, give war or dates of service) <b>272-01-3888</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Earl Blackman, Climax, Michigan.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary + Renal Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Shock - Extensive burns 2<sup>nd</sup> + 3<sup>rd</sup> degree -</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E9160 16</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Bedford Twp. Lincoln Missouri</b>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Nov. 17, 1954: 3:0A</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Oil heater exploded in house trailer deceased lived in.</b>			
22. I hereby certify that I attended the deceased from <b>Nov. 17, 1954</b> , to <b>Nov. 18, 1954</b> , that I last saw the deceased alive on <b>Nov. 18, 1954</b> , and that death occurred at <b>11:30A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. C. Creek</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Troy Mo</b>		23c. DATE SIGNED <b>11/18/54</b>	
24a. BURIAL / CREMATION REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/19/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>		24d. LOCATION (City, town, or county) (State) <b>Salesburg, Michigan</b>	
DATE REC'D BY LOCAL REG. <b>11-24-54</b>		REGISTRAR'S SIGNATURE <b>Emma S. Riddle</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kemper Funeral Home Troy, Missouri</b>			

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

RECEIVED  
JAN 27 1953  
MAY 7 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Joseph J. Marsh*.....  
Licensed Embalmer No..... 3932

P. O. Address Troy, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Facts 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.