

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27056**

FILED SEP 6 1955

BIRTH NO. _____ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **5801** Registrar's No. **34**

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

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural WASHINGTON TWP.		c. CITY OR TOWN Rural	
c. LENGTH OF STAY (In this place) 4 Years		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Washington Township			
STREET ADDRESS (If rural, give location) 3 1/2 Miles South of Shelbina, Mo			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Carson c. (Last) Blackburn			4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 16, 1881		9. AGE (In years last birthday) 73		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Shelby County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Nelson Blackburn		13b. MOTHER'S MAIDEN NAME Rhoda Givan		14. NAME DECEASED'S WIFE Florence Kern Blackburn	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-09-6276		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Blackburn, RFD, Shelbina, Mo.	
--	--	--	--	--	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Congestive heart failure DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 7 days 5 mos.	
--	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 43.4K		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 OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Aug. 9, 1953, to Aug. 29, 1955**, that I last saw the deceased alive on **Aug. 29, 1955**, and that death occurred at **2:08 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. J. Torrey D.O.		23b. ADDRESS Shelbina, Mo		23c. DATE SIGNED 8/31/55	
---	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-1-1955		24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	
24d. LOCATION (City, town, or county) (State) Shelbina, Missouri					

DATE REC'D BY LOCAL REG. 9-2-55		REGISTRAR'S SIGNATURE E. L. Robertson		471	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Hayes Shelbina, Mo.					

1950
MAY 15 1950

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 *Paul S Hayes*.....

Licensed Embalmer No. 4461

P. O. Address Shelbina, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.