

FILED OCT 25 1955

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

32995

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 421 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEAUBLEAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEAUBLEAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Easton Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>North Weaublean</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>Polk</u> c. (Last) <u>Blackwell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (See 40) <u>Married</u>	8. DATE OF BIRTH <u>Feb 9 - 1881</u>
9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Blackwell</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Carter</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Blackwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-09-1780</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Everett Blackwell - Elton, Mo</u>		ADDRESS <u>Elton, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Disease</u> DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 1952</u> to <u>Oct 17, 1955</u> that I last saw the deceased alive on <u>Oct 17, 1955</u> and that death occurred at <u>7:15 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. R. Easton M.D.</u>		23b. ADDRESS <u>1001 Weaublean Mo</u>	
23c. DATE SIGNED <u>Oct 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct 19 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flemington Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Flemington, Mo</u>
DATE REC'D BY LOCAL REG. <u>10-19-1955</u>	REGISTRAR'S SIGNATURE <u>Mary Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert H. Hays</u> ADDRESS <u>Elton, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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

*Clas Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address

*Wheatland, 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.