No. 300
10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34222

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 174

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

**1. PLACE OF DEATH**
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pemiscot Mem Hosp

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN: Caruthersville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Rear 311 E. 12th St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Robert
b. (Middle):
c. (Last): Blackman

**4. DATE OF DEATH** (Month) (Day) (Year): Oct 16 55

**5. SEX**: Male
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single
**8. DATE OF BIRTH**: 10 June 1954
**9. AGE** (In years last birthday): 1 — If under 1 year: Months 4, Days 6 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None
**10b. KIND OF BUSINESS OR INDUSTRY**: None
**11. BIRTHPLACE** (City and State or Foreign Country): Caruthersville, Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Robert Blackman
**13b. MOTHER'S MAIDEN NAME**: Alberta Clark
**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: ALBERTA BLACKMAN 311 E. 12th

**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) Ileo Colitis Acute — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c) 5710

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**
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Oct 16, 1955, *that I last saw the deceased alive on* Oct 16, 1955, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] Mp
**23b. ADDRESS**: Caruthersville Mo
**23c. DATE SIGNED**: 10/25/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 17 Oct 55
**24c. NAME OF CEMETERY OR CREMATORY**: St. Pauls Cemetery
**24d. LOCATION** (City, town, or county) (State): Caruthersville, Mo.

DATE REC'D BY LOCAL REG.: 10-31-55
REGISTRAR'S SIGNATURE: John W. German 406
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Philip B. Woods C'ville Mo.

(Licensed Embalmer's Statement on Reverse Side)

11-316-55

NOV 10 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....NO

working under my personal supervision..

Student.....NONE.....
Signature of Student Embalmer

Signed Philip B. Woods
Philip B. Woods.
Licensed Embalmer No...4833

P. O. Address Caruthersvi

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