

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39785

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 State File No. _____ Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Poplar Bluff		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 2718 Charlton Lane			e. STREET ADDRESS (If rural, give location) 2718 Charlton Lane <i>012/0</i>		
3. NAME OF DECEASED (Type or Print) a. (First) Leonard b. (Middle) R. c. (Last) Blackburn			4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28, 1907	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mo. Hwy. Dept.		10b. KIND OF BUSINESS OR INDUSTRY Maintenance	11. BIRTHPLACE (City and State or Foreign Country) Alley Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Wm. Robert Blackburn		13b. MOTHER'S MAIDEN NAME Jennie Buster		14. NAME OF HUSBAND OR WIFE Beulah Kearbey 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. 498-10-1019	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. L. Blackburn Poplar Bluff, 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) Carcinoma large bowel with metastasis generalized.		INTERVAL BETWEEN ONSET AND DEATH 6 months
			ANTECEDENT CAUSES 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. 153x		
19a. DATE OF OPERATION July, 1955		19b. MAJOR FINDINGS OF OPERATION Carcinoma colon with metastasis			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)		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 12-30- , 19 55 , to 12-30- , 19 55 , that I last saw the deceased alive on 12-30- , 19 55 and that death occurred at 8:00P m., from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i>		(Degree or title) M.D.	23b. ADDRESS 330 N. 2nd St. Poplar Bluff, Mo.		23c. DATE SIGNED 1-6-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-55	24c. NAME OF CEMETERY OR CREMATORY City Cem.	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. 1/10/56		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 12 1956 JAN 12 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Wallace R. King

Licensed Embalmer No. 412

P. O. Address 412

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.