

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8581

STATE FILE NUMBER

FILED MAR 27 1956 Registration District No. 96 Primary Registration District No. 4158 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>BUFFALO</u>			Inside Limits Yes ☐ No ☐		c. CITY OR TOWN <u>BUFFALO</u>		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Show-me-Best 24rs</u>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>300</u>	
3. NAME OF DECEASED (Type or print) <u>Harriett</u>		First <u>Harriett</u> Middle <u>Blackwell</u> Last <u>Blackwell</u>		4. DATE OF DEATH Month <u>March</u> Day <u>16</u> Year <u>1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH <u>4-21-1866</u>		9. AGE (In years last birthday) <u>89</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Dallas County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>J. M. Blackwell</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>J. M. Blackwell</u> Address <u>Windsorville, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-vascular Dis</u> DUE TO (c) <u>10 yrs</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hr</u>
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>4</u> Month <u>1</u> Day <u>16</u> Year <u>1956</u> a. m. <u>20</u> p. m. <u>10</u>							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1 March 56</u> to <u>16 March 56</u> and last saw her alive on <u>16 March 56</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>O. Griffin</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>Buffalo Mo</u>		22c. DATE SIGNED <u>24 March 56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-18-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lottie Rock Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo</u>	
24. FUNERAL DIRECTOR <u>Montgomery Federal</u>		ADDRESS <u>Buffalo</u>		25. DATE RECD. BY LOCAL REG. <u>3/24/56</u>		26. REGISTRAR'S SIGNATURE <u>Thos. Grace Peters</u>	

(Licensed Embalmer's Statement on Reverse Side)

alth,
elfare
blic
ervice

300
-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

30-0

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 *Edy de Montgommery*
Licensed Embalmer No. *35*
P. O. Address *Buffalo*

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