

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8601

State File No. ....

FILED APR 16 1956

|                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
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| BIRTH NO. ....                                                                                                                                                                                                                                                                                             |  | REG. DIST. NO. <u>100</u>                                                                                                                                                                                                                                                                                                                                                                     |  | PRIMARY REG. DIST. NO. <u>3018</u>                                                                                                                                                                                                                                                                                                                                                      |  | Registrar's No. <u>25</u>                                                           |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dent</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u><br>c. LENGTH OF STAY (in this place) <u>3 Days</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) |  |                                                                                                                                                                                                                                                                                                                                                                                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY <u>Dent</u><br>c. CITY OR TOWN <u>Lenox</u><br>d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>• STREET ADDRESS (If rural, give location) <u>Lenox, Mo. Post Office</u> |  |                                                                                     |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Luther</u><br>b. (Middle) <u>E.</u><br>c. (Last) <u>Black</u>                                                                                                                                                                                         |  | 4. DATE OF DEATH<br>(Month) <u>March</u> (Day) <u>20</u> (Year) <u>1956</u>                                                                                                                                                                                                                                                                                                                   |  | 5. SEX <u>M</u>                                                                                                                                                                                                                                                                                                                                                                         |  | 6. COLOR OR RACE <u>W</u>                                                           |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>                                                                                                                                                                                                                                |  | 8. DATE OF BIRTH <u>June 4, 1879</u>                                                                                                                                                                                                                                                                                                                                                          |  | 9. AGE (In years last birthday) <u>76</u>                                                                                                                                                                                                                                                                                                                                               |  | 10. IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Mins. <u>  </u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>                                                                                                                                                                                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>                                                                                                                                                                                                                                                                                                                                          |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dent County, Mo.</u>                                                                                                                                                                                                                                                                                                              |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                             |  |
| 13a. FATHER'S NAME <u>Joseph Black</u>                                                                                                                                                                                                                                                                     |  | 13b. MOTHER'S MAIDEN NAME <u>Margaret Craddock</u>                                                                                                                                                                                                                                                                                                                                            |  | 14. NAME OF HUSBAND OR WIFE <u>None</u>                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)                                                                                                                                                                                         |  | 16. SOCIAL SECURITY NO. <u>Unknown</u>                                                                                                                                                                                                                                                                                                                                                        |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cora Eaves, Lenox, Missouri</u>                                                                                                                                                                                                                                                                                                            |  |                                                                                     |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                                                              |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac &amp; pulmonary arrest</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>coronary thrombosis</u><br>DUE TO (c) <u>cardio vascular renal disease</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Semility</u> |  |                                                                                                                                                                                                                                                                                                                                                                                         |  | INTERVAL BETWEEN ONSET AND DEATH <u>5 or 6 days</u>                                 |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                                                     |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                              |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                        |  | 4261                                                                                |  |
| 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 <u>9-8</u> 19 <u>55</u> , to <u>March 1, 1956</u> , that I last saw the deceased alive on <u>March 1, 1956</u> , and that death occurred at <u>6 P.m.</u> , from the causes and on the date stated above.                                           |  |                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| 23a. SIGNATURE (Degree or title) <u>B. J. Myers D.D.</u>                                                                                                                                                                                                                                                   |  | 23b. ADDRESS <u>Lenox, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                |  | 23c. DATE SIGNED <u>3-23-56</u>                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                                                    |  | 24b. DATE <u>3/23/56</u>                                                                                                                                                                                                                                                                                                                                                                      |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Black Cemetery</u>                                                                                                                                                                                                                                                                                                                                |  | 24d. LOCATION (City, town, or county) (State) <u>Lenox, MO.</u>                     |  |
| DATE REC'D BY LOCAL REG. <u>3-26-56</u>                                                                                                                                                                                                                                                                    |  | REGISTRAR'S SIGNATURE <u>R. E. Mitchell, D.D. by Reg.</u>                                                                                                                                                                                                                                                                                                                                     |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blackwell-Wayfel, Salem, Mo.</u>                                                                                                                                                                                                                                                                                                            |  |                                                                                     |  |

(Licensed Embalmer's Statement on Reverse Side)

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

0331

0331

5150

**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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, Va.

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.