

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8646

FILED APR 9 - 1956

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 93	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY GASCONADE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON		c. LENGTH OF STAY (If in place) 1 DAY		c. CITY OR TOWN GASCONADE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) FLOYD		a. (First)		b. (Middle) BLACKWELL		c. (Last)	
4. DATE OF DEATH APRIL 1 - 1956		(Month)		(Day)		(Year)	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 25 - 1905	
9. AGE (In years last birthday) 50		If UNDER 1 YEAR Months		If UNDER 1 YEAR Days		If UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR		10b. KIND OF BUSINESS OR INDUSTRY BOAT YARDS		11. BIRTHPLACE (City and State or Foreign Country) HAYDEN MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME WM. BLACKWELL		13b. MOTHER'S MAIDEN NAME DELLA FEGAN		14. NAME OF HUSBAND OR WIFE LYDIA BLACKWELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 491-24284		17. INFORMANT'S SIGNATURE OR NAME LYDIA BLACKWELL ADDRESS GASCONADE, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRRHOSIS OF LIVER with cholemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. CONGESTIVE HEART FAILURE				INTERVAL BETWEEN ONSET AND DEATH 3 yrs 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5810				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) (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 3 - 31 , 19 56 , to 4 - 1 , 19 56 , that I last saw the deceased alive on 4 - 1 , 19 56 , and that death occurred at 11:13 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George M. Workman M.D.				23b. ADDRESS HERMANN, MO		23c. DATE SIGNED 4-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/4/1956		24c. NAME OF CEMETERY OR CREMATORY GASCONADE CEMETERY		24d. LOCATION (City, town, or county) (State) GASCONADE MO	
DATE REC'D BY LOCAL REG. 4/4/56		REGISTRAR'S SIGNATURE W. J. Wickmann		25. FUNERAL DIRECTOR'S SIGNATURE HERMANN		ADDRESS HERMANN MO	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1956

APR 1 1956

MAY 1 1956

MAY 29 1956

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.....

Licensed Embalmer No. 3160

P. O. Address Hermann

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.