

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14246

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 4413 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give town) CLARKSVILLE		c. CITY OR TOWN CLARKSVILLE	
c. LENGTH OF STAY (in this place) 38 YRS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) 0820	

3. NAME OF DECEASED (Type or Print) FLOYD BLACKSTUN			4. DATE OF DEATH (Month) (Day) (Year) APRIL 24, 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV 25, 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER + DECORATOR		10b. KIND OF BUSINESS OR INDUSTRY BUILDING		11. BIRTHPLACE (City and State or Foreign Country) HAMBURG, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS BLACKSTUN		13b. MOTHER'S MAIDEN NAME ALIDA GOEWAY		14. NAME OF HUSBAND OR WIFE BERTHA BLACKSTUN	
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. 484-10-1653		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. BERTHA BLACKSTUN, CLARKSVILLE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Angina Pectoris</i>		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Heart Dis</i>		Dysp.	
		DUE TO (c)			
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 4200	
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 <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 Dec 20, 1955, to April 4, 1956, that I last saw the deceased alive on Feb 13, 1956, and that death occurred at 9:30 A.M., from the causes and on the date stated above.					

23a. SIGNATURE <i>Dr. Barber</i> (Degree or title) M.D.		23b. ADDRESS Clarksville Mo.		23c. DATE SIGNED 4/28/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 27, 1956		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM.	
				24d. LOCATION (City, town, or county) (State) CLARKSVILLE, MO.	

DATE REC'D BY LOCAL REG. APRIL 28, 1956		REGISTRAR'S SIGNATURE <i>Bernice Collier</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Geo. M. Collier, Louisiana</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

740

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 *Geo. M. Callier*.....

Licensed Embalmer No. *382*.....

P. O. Address *Louisiana*.....

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.