

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26335**

FILED AUG 27 1956

BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **77**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)	
a. COUNTY Plays	b. CITY OR TOWN Rural Liberty	a. STATE Missouri	b. COUNTY Liberty
c. LENGTH OF STAY (in this place) months	d. FULL NAME OF HOSPITAL OR INSTITUTION L.O.F. Hosp.	c. CITY OR TOWN Lexington	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
e. STREET ADDRESS 1600 main st.		(If rural, give location) 541	

3. NAME OF DECEASED (Type or Print) HORACE F BLACKWELL	a. (First) F	b. (Middle)	c. (Last) BLACKWELL	4. DATE OF DEATH (Month) (Day) (Year) Aug 15-1956
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar 1-1873	9. AGE (In years last birthday) 83	10. UNDER 1 YEAR (Months) _____	11. UNDER 1 HR. (Hours) _____	12. UNDER 1 MIN. (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Wellington, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John S. Blackwell	13b. MOTHER'S MAIDEN NAME Elizabeth Rogers Burrier Blackwell	14. NAME OF HUSBAND OR WIFE Berrien Blackwell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Berrien Blackwell, Lexington Mo	ADDRESS Lexington Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile		INTERVAL BETWEEN ONSET AND DEATH 4
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	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 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 8-11-56, 1956, to 8-15-56, 1956, that I last saw the deceased alive on 8-15-56, 1956, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

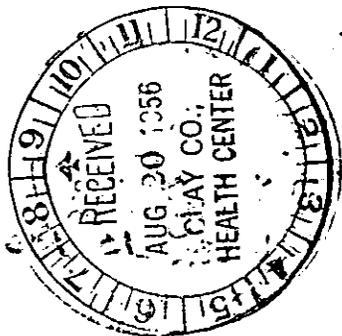
23a. SIGNATURE (Degree or title) Wm H. Gaddson M.D.	23b. ADDRESS Liberty Mo.	23c. DATE SIGNED 8/16/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 15-56	24c. NAME OF CEMETERY OR CREMATORY Lexington	24d. LOCATION (City, town, or county) (State) Lexington Mo.
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DATE REC'D BY LOCAL REG. 8-18-56	REGISTRAR'S SIGNATURE Mabel Graham	25. FUNERAL DIRECTOR'S SIGNATURE Church, Archer Co. Liberty Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4910



11-20-56
11-20-56
AUG 27 1956
11-20-56

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.....
John Lomborg

Licensed Embalmer No. 444

P. O. Address Liberty

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.