

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27461

STATE FILE NUMBER

FILED SEP 6 1956

Registration District No. 170 Primary Registration District No. 5626 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dove - ELDRIDGE T.S.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Long Nursing Home</u> Length of stay in lb <u>30 days</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> c. CITY OR TOWN <u>Dixon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>Christopher</u> Middle <u>Columbus</u> Last <u>Blackwell</u>				4. DATE OF DEATH Month <u>8</u> Day <u>21</u> Year <u>1956</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>6/5/1870</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Marion County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13. FATHER'S NAME <u>Richard 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> <u>X</u>				16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT <u>Mr. Arthur Blackwell, 8029 Titus Avenue, Saint Louis, Missouri</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>Chronic Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>_____</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Uremia</u>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>_____</u>							
20c. TIME OF INJURY Hour <u>_____</u> Month <u>_____</u> Day <u>_____</u> a. m. <u>_____</u> p. m. <u>_____</u>				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>				20f. CITY, TOWN, OR LOCATION <u>Lebanon, Mo.</u>				20g. COUNTY <u>_____</u>		20h. STATE <u>_____</u>	
21. I attended the deceased from <u>7-8-56</u> to <u>8-21-56</u> and last saw her alive on <u>_____</u> Death occurred at <u>4:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>B B Hurst M.D.</u>						22b. ADDRESS <u>Lebanon, Mo.</u>			22c. DATE SIGNED <u>8-23-56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/23/1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Kenner Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Marion County, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Fred H. Gilbert, Dixon, Missouri</u>						25. DATE RECD. BY LOCAL REG. <u>8-23-1956</u>			26. REGISTRAR'S SIGNATURE <u>Hella L. Hay</u>		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Received 9-4-56
Laclede County Health Unit
File No. 141
Date Filed 9-4-56

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 August 21- 1956, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Fred W. Gilman

Licensed Embalmer No. 23

P. O. Address St. Louis

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.