Health, Welfare Public Service

300 1-56

0670 1

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2059

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 5785 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Mississippi	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bertrand — Inside Limits Yes X No ☐	c. CITY OR TOWN Bertrand 0670 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence, Bertrand — Length of stay in 1b 7 Yrs.	d. STREET ADDRESS (If outside, give location) Bertrand, Mo. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: James	Middle: William	Last: Blackburn	4. DATE OF DEATH Month Day Year: 1/27/57
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X 2 DIVORCED ☐	8. DATE OF BIRTH: 4/19/1867	9. AGE (In years last birthday): 89 — 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): Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (City and state or country): Sumner County, Tenn. 1	12. CITIZEN OF WHAT COUNTRY?: USA	
13. FATHER'S NAME: John Henry Blackburn		14. MOTHER'S MAIDEN NAME: America Worley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Mrs. Andy Weakley, Bertrand, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hypertensive heart disease — 5-6 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-27-57, to 1-27-57 and last saw her/him alive on 1-27-57

Death occurred at 5:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wilbur L. Davis MD	22b. ADDRESS: Charleston Mo	22c. DATE SIGNED: 1-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/29/57	23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State): Charleston, Mo.
24. FUNERAL DIRECTOR ADDRESS: John F. Nunnelee Jr. The Nunnelee Funeral Chapel Charleston, Mo.		25. DATE RECD. BY LOCAL REG.: Feb 8, 1957	26. REGISTRAR'S SIGNATURE: Dorothy B. Hathhorn

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miss. Co. Healt
County File No.
Date Filed 2-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John T. Nunnelee Jr

Licensed Embalmer No. 38

P. O. Address Charleston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.