

FILED NOV 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35000

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 535 Registrar's No. 615

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AshHill		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Rural		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 1/2 Mi N.E. of Broseley		Length of stay in lb 5Yrs		d. STREET ADDRESS 2 1/2 Mi N.E. of Broseley		(If outside, give location) Residence on Form Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Mary Middle Mary Last Blackwell				4. DATE OF DEATH Month 10 Day 18 Year 57			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH 4-18-1870	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 6 Days Hours Min. 		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Warm Springs Ark,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Tip Looney				14. MOTHER'S MAIDEN NAME Unknown			
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. -----		17. INFORMANT Address Luella Cato Broseley, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Cause undetermined DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5705						INTERVAL BETWEEN ONSET AND DEATH 5 days	
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 Month Day Year a. m. p. m. 							
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 15 Oct 57 to 18 Oct 57 and last saw her alive on 15 Oct 57		Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. F. Broseley MD (Degree or title)		22b. ADDRESS 321 Oak Pkwy, Brookfield, Mo.		22c. DATE SIGNED 29 Oct 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-20-57		23c. NAME OF CEMETERY OR CREMATORY Carola		23d. LOCATION (City, town, or county) (State) Butler, Co, Mo.	
24. FUNERAL DIRECTOR J. C. White		ADDRESS Fisk, Mo.		25. DATE RECD. BY LOCAL REG. 10/30/57		26. REGISTRAR'S SIGNATURE R. H. Muehlen	

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

NOV 4 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Raymond L. Duff

Licensed Embalmer No. 47

P. O. Address Berne

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.