

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

351118

STATE FILE NUMBER

FILED NOV 12 1957

Registration District No. 61

Primary Registration District No. 5237

Registrar's No. 51

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                                                                                                                                                             |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cedar</u>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>                    |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Cedar Twp.</u>                                                                                                                                                                                                                                                                                                                                                                            |                                  | c. CITY OR TOWN <u>El Dorado Springs</u>                                                                                                                    |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION                                                                                                                                                                                                                                                                                                                                                                                       |                                  | d. STREET ADDRESS <u>Rt. # 5</u>                                                                                                                            |                                      |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Ralph Albert Blackmore</u>                                                                                                                                                                                                                                                                                                                                                                            |                                  | 4. DATE OF DEATH<br>Month Day Year<br><u>11-6-57</u>                                                                                                        |                                      |
| 5. SEX<br><u>Male</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><u>9-19-1894</u> |
| 9. AGE (In years last birthday)<br><u>63</u>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | 10. IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min.                                                                                              |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired)<br><u>Labourer</u>                                                                                                                                                                                                                                                                                                                                                        |                                  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                           |                                      |
| 11. BIRTHPLACE (City and state or country)<br><u>Iowa</u>                                                                                                                                                                                                                                                                                                                                                                                                            |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>                                                                                                             |                                      |
| 13a. FATHER'S NAME<br><u>James Blackmore</u>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Fannie Schiach</u>                                                                                                          |                                      |
| 14. NAME OF HUSBAND OR WIFE                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes W.W. #1</u>                          |                                      |
| 16. SOCIAL SECURITY NO.<br><u>710-12-8406</u>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | 17. INFORMANT<br><u>Ralph J. Blackmore - Kansas City, Mo.</u>                                                                                               |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Self inflicted gunshot wound R. thigh</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).<br><u>976X</u> |                                  | INTERVAL BETWEEN ONSET AND DEATH                                                                                                                            |                                      |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                              |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                |                                      |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m.<br>p.m.                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                    |                                      |
| 20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                    |                                  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                                                                                                                   |                                      |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at <u>10:00 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                              |                                  |                                                                                                                                                             |                                      |
| 22a. SIGNATURE<br><u>M. D. Swinn</u> (Degree or title)                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 22b. ADDRESS<br><u>El Dorado Springs, Mo.</u>                                                                                                               |                                      |
| 22c. DATE SIGNED<br><u>11-8-1957</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | 22d. DATE                                                                                                                                                   |                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  | 23b. NAME OF CEMETERY OR CREMATORY                                                                                                                          |                                      |
| <u>Burial</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | <u>Lebeck Cemetery</u>                                                                                                                                      |                                      |
| 23c. DATE<br><u>11-12-57</u>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | 23d. LOCATION (City, town, or county) (State)<br><u>Cedar Co., Mo.</u>                                                                                      |                                      |
| 24. FUNERAL DIRECTOR<br><u>Swinn Brothers - El Dorado Springs</u>                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>10-9-57</u>                                                                                                              |                                      |
| 26. REGISTRAR'S SIGNATURE<br><u>George W. Napier</u>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | 27. DATE SIGNED                                                                                                                                             |                                      |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEC 10 1957

### 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 *May W. Dickering*

Licensed Embalmer No. *4696*

P. O. Address *E. D. Davis, Jr.*

- 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.