

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016879
State File No.

FILED MAY 12 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1177

1. PLACE OF DEATH
a. COUNTY St Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Reynolds

b. CITY (If outside corporate limits, write RURAL and give township) Ballwin Mo c. LENGTH OF STAY (in this place) 7 Days

c. CITY OR TOWN Bunker Mo. d. Is Residence within limits of a city or incorporated town? Yes No 0900

d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Home for aged

e. STREET ADDRESS (If rural, give location) Balwin mo Box 76

3. NAME OF DECEASED (Type or Print)
a. (First) Neoma b. (Middle) Belle c. (Last) Black

4. DATE OF DEATH (Month) (Day) (Year)
May XX 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Feb. 2-1884

9. AGE (In years last birthday) 74 10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) 28 1958

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (City and State or Foreign Country) Reynolds County Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joe Jackson

13b. MOTHER'S MAIDEN NAME Emily Crownover

14. NAME OF HUSBAND OR WIFE Robert Lee Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state branch) (If yes, state date of service) No None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul C. Black Salem Mo.

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Arterio-Sclerosis 4221

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Interstitial Nephritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO 0

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 1958, to April 28, 1958, that I last saw the deceased alive on April 27, 1958, and that death occurred at 5:30 P. M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) P. J. Jackson

23b. ADDRESS 1726 Del Norte Richmond (Mo) Mo

23c. DATE SIGNED 4/29/58

24a. BURIAL, CREMATION, REMOVAL Removal

24b. DATE 5-2-58

24c. NAME OF CEMETERY OR CREMATORY West Fork Cemetery

24d. LOCATION (City, town, or county) (State) Reynolds Co. Mo.

DATE REC'D BY LOCAL REG. 4-29-58

REGISTRAR'S SIGNATURE Herbert B. Dombke Mo.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. ... Salem Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

4000 4

JUN 27 1958

MAY 2 1958

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 *Carl H. Jensen*

Licensed Embalmer No. *237*

P. O. Address *Salina*

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.