

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017134
STATE FILE NUMBER

FILED APR 16 1958

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 7

S. 300
v. 1-57

110

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY WAYNE | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WAYNE | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PIEDMONT | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN PIEDMONT 1110 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in lb | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First LOU Middle ANNA Last BLACKWELL | | | | 4. DATE OF DEATH Month APR. Day 7 Year 1958 | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH APR. 16, 1871 | 9. AGE (In years (birthday) 86 | 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) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | | 11. BIRTHPLACE (City and state or country) N REYNOLDS CO. MO | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME FRANK BOAL | | 13b. MOTHER'S MAIDEN NAME LAURA FARRIS | | 14. NAME OF HUSBAND OR WIFE DANIEL R. BLACKWELL | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) ✓ | | 16. SOCIAL SECURITY NO. ✓ | | 17. INFORMANT Address MAGGIE DUNCAN PIEDMONT, 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) Septicemic Bacteria DUE TO (b) Septicemic Bacteria Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Weak in heart | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input 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 Hour Month, Day, Year a.m. p.m. | | | | | | | |
| 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.) | | 20f. CITY, TOWN, OR LOCATION Piedmont Wayne Mo | | COUNTY STATE | |
| 21. I attended the deceased from Aug 1956 to 4-2-58 and last saw her alive on 4-6-58 Death occurred at 11:45 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) L. E. Emery, M.D. | | | | 22b. ADDRESS Piedmont Mo | | 22c. DATE SIGNED 4-8-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 4-8-1958 | | 23c. NAME OF CEMETERY OR CREMATORY KELLEY CEM. | | 23d. LOCATION (City, town, or county) (State) NEAR PIEDMONT, MO. | |
| 24. FUNERAL DIRECTOR Glenn Funeral Home | | ADDRESS Piedmont Mo | | 25. DATE RECD. BY LOCAL REG. Apr 9-1958 | | 26. REGISTRAR'S SIGNATURE Hazel Hard | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 10 1958
WAYNE 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 embalmed by me, or by Me, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426
P. O. Address Piedmont

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.