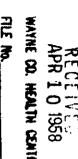
THE DIVISION OF HEALTH OF MISSOURI 58-017134 t. Health. STANDARD CERTIFICATE OF DEATH , & Welfare IFILED APR 16 1958 S. Public 369 Registration District No. _Primary Registration District No. Registrar's No. th Service 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before b. COUNTY WAY ME TOON) a. STATE Wo. COUNTY 5. 300 v. 1-57 b. .CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY Inside Limits DIEDMONT Yes No Yes 🔲 No 🔲 KEDMONT TOWN --TOWN c. FULL NAME OF (If NOT in hospital, give location) d. STREET (If outside, give location) Reside on Form Length of stay in 1b HOSPITAL OR **ADDRESS** Yes 🔲 No 🔀 INSTITUTION Last 3. NAME OF DECEASED First Middle 4. DATE Month Day Year (Type or print) OF BLACKWELL DEATH DATE OF BIRTH IF UNDER 24 HRS. 5. SEX COLOR OR RACE 9. AGE (In years FUNDER I YEAR 7. MARRIED NEVER MARRIED Months 2_DIVORCED WHITE 11. BIRTHPLACE (City and state or country) 10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? HOME dyripg most of working life, even if retired) REYNOLOS Co. Mo 40USEWIFE 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 136. MOTHER'S MAIDEN NAME BLACKWELL 17. INFORMANT Address 16. SOCIAL SEGURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give your dates of service) PIEDMONT MAGGIE DUNCAN INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) WAS AUTOPSY PERFORMED? YES 🗍 NO 🌌 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT HOMICIDE SUICIDE 20c. TIME OF Hour Month, Day, Year INJURY a.m. COUNTY STATE 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED WHILE AT in Part farm, factory, street, office bldg., etc.) NOT WHILE AT WORK WORK and last saw her alive on 21. I attended the deceased from Dector, corone All diseases i m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 22c. DATE SIGNED (Degree or title) 22b. **ADDRESS** 22a. SIGNATURE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town. 23a. BURIAL, CREMATION, 235. DATE 160 1958 26. REGISTRAR'S SIGNATURE (Licensed Embolmer'



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	Signed Marris E. Bowles
	Licensed Embelmonton 4426

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.