Health, Welfare Public Service

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300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029871
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 352

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 602 W. Cooper, st. — Length of stay in 1b 35 yrs.

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia 0804 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 602 W. Cooper — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Nadine Middle Last Jefferson
4. DATE OF DEATH Month Aug. Day 29, Year 1958
5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec. 30, 1898
9. AGE (In years last birthday) 59 yrs. — 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) Cook
10b. KIND OF BUSINESS OR INDUSTRY Private Family
11. BIRTHPLACE (City and state or country) Pleasant Green, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George T. Blackstone
14. MOTHER'S MAIDEN NAME Mary Simpson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Marvin O. Jefferson - Sedalia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Osteosarcoma — INTERVAL BETWEEN ONSET AND DEATH 2 yrs +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 1969
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
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 a. m. p. m. Month, Day, Year
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 March 1956, to Aug 29, 1958 and last saw her alive on Aug. 29, 1958. Death occurred at 7:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. Reynolds. M.D.
22b. ADDRESS 104½ W Main Sedalia, Mo
22c. DATE SIGNED 8/30/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 2, 1958
23c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex Cem.
23d. LOCATION (City, town, or county) Sedalia (State) Mo.

24. FUNERAL DIRECTOR Alexander ADDRESS 400 W Cooper
25. DATE RECD. BY LOCAL REG. Sept 1, 1958
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

54 0

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.....

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.