

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031760

STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 448

300
1-57

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN MILLERSBURG ⁰¹⁴⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOONE COUNTY BEST HOME		Length of stay in lb 7 Mo.	d. STREET ADDRESS (If outside, give location) —
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle O Last Black			4. DATE OF DEATH Month 10 Day 3 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 1, 1871	9. AGE (In years) 87	IF UNDER 1 YEAR Month 8 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) HATTON, CALLAWAY, MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME WILLIAM BLACK		13b. MOTHER'S MAIDEN NAME MARY E. TURNER		14. NAME OF HUSBAND OR WIFE ORA OLA BROOKS BLACK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (No)		16. SOCIAL SECURITY NO. —	17. INFORMANT MARY KATHARINE LAZEAR Address RFD #7 Columbia		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) and Thrombosis of femoral		
	DUE TO (c) Vessels of Rt Leg - 332X		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <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 ✓	
		COUNTY		STATE	

21. I attended the deceased from **April 1, 58** to **Oct 3-58** and last saw her/him alive on **Oct-2-58**
Death occurred at **8:45 p** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. C. Suggs, M.D. (Degree or title)		22b. ADDRESS Columbia Mo		22c. DATE SIGNED 10-7-58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT. 7 1958		23c. NAME OF CEMETERY OR CREMATORY HILLCREST	
		23d. LOCATION (City, town, or county) FULTON		(State) MO	

24. FUNERAL DIRECTOR MAUPIN, FULTON, MO.		25. DATE RECD. BY LOCAL REG. Oct 7 1958		26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	
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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.

1950

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 *J. W. Ross*

Licensed Embalmer No. *2555*
P. O. Address. *Hullon*

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.