

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033268

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 174

300  
1-57

492  
0

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WEBB CITY, MISSOURI</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>CARTERVILLE</b> 0490
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JANE CHINN HOSPITAL</b>		Length of stay in lb <b>12 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>501 N WASHINGTON</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle <b>EDWIN</b> Last <b>BLACKBURN</b>			4. DATE OF DEATH Month <b>SEPT.</b> Day <b>23,</b> Year <b>1958</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 24, 1881</b>	9. AGE (In years last birthday) <b>76</b>	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>	10b. KIND OF BUSINESS OR <b>CARPENTER</b>	11. BIRTHPLACE (City and state or country) <b>ARBORVILLE, NEB.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM BLACKBURN</b>	13b. MOTHER'S MAIDEN NAME <b>IDA MAY WILKINS</b>	14. NAME OF HUSBAND OR WIFE <b>NANNIE BLACKBURN</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>512-18-0103</b>	17. INFORMANT <b>NANNIE BLACKBURN</b>	Address <b>CARTERVILLE, MISSOURI.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HYPOTATIC PNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>TETANUS</b>		<b>061X 10 "</b>
DUE TO (c) <b>LACERATION RIGHT 1ST FINGER</b>		<b>16 "</b>
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 checked="" 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.) <b>POWER LAWN MOWER ACCIDENT</b>
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20c. TIME OF INJURY Hour <b>8:10</b> a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b>	20f. CITY, TOWN, OR LOCATION <b>CARTERVILLE</b>	COUNTY <b>JASPER</b>	STATE <b>MO</b>
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21. I attended the deceased from <b>9-10-58</b> to <b>9-23-58</b> and last saw her alive on <b>9-23-58</b> Death occurred at <b>8:10 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>J.M. Ponce</b> (Degree or title) <b>DO 2</b>	22b. ADDRESS <b>CARTERVILLE, MO</b>	22c. DATE SIGNED <b>9-24-58</b>

23a. BURIAL, CREMATION, REBURYAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-25-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Carterville</b>	23d. LOCATION (City, town, or county) (State) <b>Carterville Missouri</b>
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24. FUNERAL DIRECTOR <b>HEDGE LEWIS</b>	ADDRESS <b>WEBB CITY, MISSOURI.</b>	25. DATE RECD. BY LOCAL REG. <b>9-25-58</b>	26. REGISTRAR'S SIGNATURE <b>Ms. Madeline Switzer</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

*Richard J. Lewis*

Licensed Embalmer No. *4403*  
P. O. Address *Webb City*

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.