

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033626
State File No.

FILED SEP 22 1958

BIRTH NO. REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 3048 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY <u>Wodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wodaway</u>	
b. CITY (If outside corporate limits, write R.U.D. and give township) <u>Marionville</u>		c. CITY OR TOWN <u>Burlington Jct</u>	
c. LENGTH OF STAY (in this place) <u>12 da</u>		7. d. RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED TOWN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORAL</u> b. (Middle) <u>ELLIS</u> c. (Last) <u>BLACK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 5 1958</u>		
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5. SEX <u>M^c</u>	6. COLOR OR RACE <u>Wk</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 19, 1894</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Burlington Jct Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>
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13a. FATHER'S NAME <u>Robert H Black</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Forbes</u>	14. NAME OF HUSBAND OR WIFE <u>Orpha Race</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>WWI</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT BLACK</u> ADDRESS <u>BURLINGTON JCT MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pyeloid aneurysm of aorta 10 days</u>		INTERVAL BETWEEN ONSET AND DEATH <u>abdominally</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>aneurysm of abdominal aorta</u>		
	DUE TO (c) <u>Hypertension + arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>osteo-arthritis general</u> <u>arteriosclerosis heart disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>451X</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 19, to 9/5, 1958, that I last saw the deceased alive on 9/5, 1958, and that death occurred at 9:15 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. F. Byland</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Burlington Jct Mo</u>	23c. DATE SIGNED <u>9/15/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-8-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ohio Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Burlington Jct Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-18-58</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. ...</u> ADDRESS <u>Burlington Jct Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 28 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. H. [Signature]

Licensed Embalmer No. *296*
P. O. Address *Burl [Signature]*

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.