

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**58-039758**

STATE FILE NUMBER

**FILED DEC 15 1958**

Registration District No. 142 Primary Registration District No. 5566 Registrar's No. 52

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Howell</u> b. CITY (If outside city limits, give name of town) <u>Mountain View</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) <u>St. Francis Hosp.</u> Length of stay in hospital <u>1 Week</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> c. CITY OR TOWN <u>Willow Springs</u> <u>0460</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>E. Park</u> (If outside, give location) Residence on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Gladys</u> Middle <u>W.</u> Last <u>BLACKWOOD</u>				<b>4. DATE OF DEATH</b> Month <u>Dec.</u> Day <u>7</u> Year <u>1958</u>			
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED</b> <input checked="" type="checkbox"/> / NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Oct. 1, 1904</u> <u>54</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>House</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Amity, Missouri</u> <u>0</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13. FATHER'S NAME</b> <u>T.M. Smith</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>Lulo Mayter</u>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>090-05-3461</u>		<b>17. INFORMANT</b> Address <u>Adelbert E. Blackwood, Willow Spgs.</u>			
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Laennec's Cirrhosis of Liver</u> <u>5 yrs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chr. alcoholism</u> <u>10 yrs</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Varicosities of esophagus</u> <u>5811</u> <b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>	
<b>21. I attended the deceased from</b> <u>5/9/55</u> <b>to</b> <u>12-7-58</u> <b>and last saw her</b> <u>12/7/58</u> <b>alive on</b> <b>Death occurred</b> <u>A.M.</u> <b>on the date stated above; and to the best of my knowledge, from the causes stated.</b>							
<b>22a. SIGNATURE</b> <u>C.F. Callihan, M.D.</u>				<b>22b. ADDRESS</b> <u>West Plains, Mo.</u>		<b>22c. DATE SIGNED</b> <u>12-8-58</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>		<b>23b. DATE</b> <u>12-9-58</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Amity</u>		<b>23d. LOCATION (City, town, or county) (State)</b> <u>Amity, Mo.</u>	
<b>24. FUNERAL DIRECTOR</b> <u>Burns, Willow Springs, Mo.</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-13-58</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Laura Milhite</u>	

(Licensed Embolmer's Statement on Reverse Side)

RECORDS IN THIS FILE MUST BE CASUALTY RELATED. CARRIER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DEC 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....T. R. Burns.....  
Licensed Embalmer No. 421

P. O. Address Willow Sp

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