

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044524  
STATE FILE NUMBER

FILED DEC 16 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 518

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Independence</u> 701 S. 3rd
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Length of stay in lb <u>29 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>327 1/2 E. Alton</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mariona</u> Middle <u>D.</u> Last <u>Blackburn</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>6</u> Year <u>1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec-19-1893</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic Home</u>	11. BIRTHPLACE (City and state or country) <u>Missouri Valley Iowa Usa</u>	12. CITIZEN OF WHAT COUNTRY? <u>Usa</u>
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13a. FATHER'S NAME <u>John Riley Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jones Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Ralph B Blackburn</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wd or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>497-261105</u>	17. INFORMANT <u>Vernon D. Blackburn</u>	Address <u>Indep. Mo</u>
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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) <u>Pulmonary embolism, massive</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>thrombosis, lower extremities</u>		<u>days</u>
	DUE TO (c) <u>surgeical repair related to cancer</u>		<u>5 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arterial hypertension</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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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
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21. I attended the deceased from <u>11-28-58</u> to <u>12-6-58</u> and last saw her alive on <u>12-5-58</u> Death occurred at <u>9:05 am 12-6-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Neil Green M.D.</u>	22b. ADDRESS <u>10901 Winner Rd, Independence Mo.</u>	22c. DATE SIGNED <u>12-9-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-11-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>
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24. FUNERAL DIRECTOR <u>Poland G. Speaks</u>	ADDRESS <u>Indep. Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-11-58</u>	26. REGISTRAR'S SIGNATURE <u>Russell G. Gage</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 29 1958

AUG 19 1959

DEC 29 1958

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 *Rollie Kessel* .....

Licensed Embalmer No. *4690* .....

P. O. Address *Indep Mo* .....

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.