

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002091

STATE FILE NUMBER

FILED FEB 13 1959

Registration District No. 207 Primary Registration District No.

Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Jackson</u>		c. CITY OR TOWN <u>Rural Dry Creek</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Mark</u> Middle <u>Blackwell</u> Last <u>Blackwell</u>		4. DATE OF DEATH Month <u>1</u> Day <u>31</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>6/2/1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	
11. BIRTHPLACE (City and state or country) <u>Maries County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Oliver Blackwell</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Dill</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha Blackwell</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>186-18-1826</u>		17. INFORMANT <u>Mrs. Mark Blackwell, Hayden, Missouri</u>	
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>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</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>4201</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>Years</u>	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
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 <u>1-5-59</u> to <u>1-26-59</u> and last saw him alive on <u>1-26-59</u> Death occurred at <u>10:15</u> A. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
22a. SIGNATURE <u>D. C. Howard</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Vienna, Missouri</u>	
22c. DATE SIGNED <u>2-4-59</u>		23a. NAME OF CEMETERY OR CREMATORY <u>Ken er Cemetery</u>	
23b. DATE <u>2/3/1959</u>		23c. LOCATION (City, town, or county) (State) <u>Maries County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Gilbert Funeral Home, Inc., Dixon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 7, 1959</u>	
26. REGISTRAR'S SIGNATURE <u>A. Maybelle White</u>			

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.

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 *Maurice E. Schickel*

Licensed Embalmer No. *1505*
P. O. Address *Dixon, Missouri*

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.