

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006568

STATE FILE NUMBER

FILED MAR 6 1959

Registration District No. 272

Primary Registration District No. 4403

Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Steele</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Steele,</b> 0780
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <b>11 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>North Walnut</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Villis Lyth Blackwell</b>			4. DATE OF DEATH Month Day Year <b>2-23-59</b>
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>7-31-1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Onley, Tenn</b>
13a. FATHER'S NAME <b>A. J. Blackwell</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Murphy</b>	14. NAME OF HUSBAND OR WIFE <b>Clara Blackwell</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>War I</b>		16. SOCIAL SECURITY NO. <b>488-32-8902</b>	17. INFORMANT Address <b>Mrs. Clara Blackwell</b>
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>Cerebral Thrombosis</b> DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>2 mos</b> <b>3 yrs</b>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>7-1-58</b> to <b>2-23-59</b> and last saw him alive on <b>2-23-59</b> Death occurred at <b>4: A</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <b>Wm C Daniel MD</b>		22b. ADDRESS <b>Steele, Mo</b>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-24-49</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Zion</b>	23d. LOCATION (City, town, or country) (State) <b>Steele, Missouri</b>
24. FUNERAL DIRECTOR <b>German Funeral Home</b>		ADDRESS <b>Steele, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-2-59</b>
26. REGISTRAR'S SIGNATURE <b>L. P. Thomas</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 17 1959

EMISCOOT COUNTY HEALTH DEPARTMENT  
COURT HOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 *Joel C Dean* .....

Licensed Embalmer No. *3941* .....

P. O. Address *Caruthersville* .....

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.