

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018387

STATE FILE NUMBER

FILED MAY 20 1959

Registration District No.

195

Primary Registration District No.

Registrar's No. 41-59

1. PLACE OF DEATH a. COUNTY <b>MCDONALD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MCDONALD</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ROCKY COMFORT</b>		c. CITY OR TOWN <b>ROCKY COMFORT</b>	
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) <b>RALPH BLACKWELL</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>10</b> Year <b>1959</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>JUNE 14, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		11. BIRTHPLACE (City and state or country) <b>ILLINOIS</b>	
13a. FATHER'S NAME <b>JOHN BLACKWELL</b>		14. NAME OF HUSBAND OR WIFE <b>MAUDE BLACKWELL</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <b>NO</b> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>UNK</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>Medullary Failure</b> DUE TO (b) <b>Cerebral Anoxia</b> DUE TO (c) <b>CARCINOMA of LUNGS</b> 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>12 hours</b> <b>UNKNOWN</b>	
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.)	
20c. TIME OF INJURY Hour <b>163x</b> Month, Day, Year		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	
21. I attended the deceased from <b>7-30-58</b> to <b>5-10-59</b> and last saw him alive on <b>5-10-59</b> Death occurred at <b>4 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>CR Holman D.P.</b>	
22b. ADDRESS <b>Stella, Missouri</b>		22c. DATE SIGNED <b>5-12-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>5-13-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CARL JUNCTION CEMETERY, CARL JUNCTION, MO.</b>	
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>5-15-59</b>	
26. REGISTRAR'S SIGNATURE <b>Mary P. Bradley</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *St. M. Jones* .....

Licensed Embalmer No. *2319* .....

P. O. Address *Jaff. Lin. 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.