

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022437

STATE FILE NUMBER

FILED JUL 13 1959 Registration District No. 280 Primary Registration District No. Registrar's No. 43

S. 300  
v. 1-57

330

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

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Weston</b>		c. CITY OR TOWN <b>Weston</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Matthew's Home</b>		d. STREET ADDRESS <b>0830</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Doctor Herndon Blackburn</b>		4. DATE OF DEATH Month Day Year <b>June 29, 1959</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1885</b>
10a. USUAL OCCUPATION (Give kind of work done or business in which engaged, or retired) <b>Telegraph Agent</b>		11. BIRTHPLACE (City and state or country) <b>Camden Point, Mo.</b>	
13a. FATHER'S NAME <b>J. N. Blackburn</b>		14. NAME OF HUSBAND OR WIFE <b>Daarborn, Mo.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT <b>Robert Blackburn</b> Address <b>Daarborn, Mo.</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> Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (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) <b>Pylonephritis acute 8 days</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</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 a.m. p.m. 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>June 21, 1959</b> to <b>June 28, 1959</b> and last saw him alive on <b>June 28, 1959</b> Death occurred at <b>3 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>R. J. Felling</b> (Degree or title) <b>D.O.</b>	
22b. ADDRESS <b>Weston, Mo.</b>		22c. DATE SIGNED <b>June 30-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-1-1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Camden Point Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Camden Point, Missouri</b>	
24. FUNERAL DIRECTOR <b>Vaughn Funeral Home</b> ADDRESS <b>Weston, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 1-1959</b>	
26. REGISTRAR'S SIGNATURE <b>Alphie Rollins</b>			



AUG 4 1959

### 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 W. R. Jangle

Licensed Embalmer No. 4023

P. O. Address Weston, 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.