RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032793

STATE FILE NUMBER

FILED VS OCT 2 1959 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 179

DED

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage — Length of stay in 1b 70 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 834 E. 3rd St — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jasper
c. CITY OR TOWN Carthage — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 834 E. 3rd St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CHARLES Middle MARION Last BLACKFORD

4. DATE OF DEATH Month Sept Day 21, Year 1959

5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-27-72
9. AGE (last birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired quarryman
10b. KIND OF BUSINESS OR INDUSTRY stone quarries
11. BIRTHPLACE (City and state or country) , Iowa
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jerimiah Blackford
13b. MOTHER'S MAIDEN NAME Martha Ann ?
14. NAME OF HUSBAND OR WIFE Ludicy Kirby Blackford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs.C.M.Blackford, Address 834 E.3rd Carthage Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerosis, generalized — INTERVAL BETWEEN ONSET AND DEATH unknown
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 WORK ☐ 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 2-4-52, to 9-21-59 and last saw her/him alive on 9-21-59
Death occurred at 8 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank H. Birme MD
22b. ADDRESS Carthage, Mo
22c. DATE SIGNED 9-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 9-25-59
23c. NAME OF CEMETERY OR CREMATORY Park Cemetery
23d. LOCATION (City, town, or county) (State) Carthage, Mo

24. FUNERAL DIRECTOR ADDRESS Knell Mortuary, Carthage, Mo
25. DATE RECD. BY LOCAL REG. 9-23-59
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Frank W. Knell

Signature of Student Embalmer

Licensed Embalmer No. 4440

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.