

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 30 1959

59-043041

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. Registrar's No. 93

UNRECORDED

1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Shelby			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twsp.		Length of stay in lb 52 Yrs.		c. CITY OR TOWN Jackson Twsp.		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North East of Shelby				d. STREET ADDRESS (If outside, give location) North East of Shelby		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Georgena Middle Gerlina Last Blackford				4. DATE OF DEATH Month November Day 25 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 1/3/1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Harry Dexter		13b. MOTHER'S MAIDEN NAME Margaret Bell		14. NAME OF HUSBAND OR WIFE James Lloyd Blackford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT Address RFD James L. Blackford, Shelby, 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Hypertensive Heart Disease DUE TO (b) 2 yrs DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
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 3:40 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 Jan 2, 1958 to Nov 25, 1959 and last saw her Nov 7, 1959 Death occurred at 3:40 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Joseph H. Tomei D.O.				22b. ADDRESS Shelby, Mo		22c. DATE SIGNED 11-27-59	
23a. BURIAL CREMATION REMOVAL (Specify) Burial		23b. DATE 11/28/1959		23c. NAME OF CEMETERY OR CREMATORY Kendall Cemetery		23d. LOCATION (City) town, or county (State) Shelby County, Missouri	
24. FUNERAL DIRECTOR Hayes Funeral Home, Shelby, Mo.				25. DATE RECD. BY LOCAL REG. 11-28-1959		26. REGISTRAR'S SIGNATURE Ada Garrison	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina, 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.