

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JAN 18 1960

=60-000499

Registration District No. 46 Primary Registration District No. 5154 Registrar's No. 2 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mirabile		c. CITY OR TOWN Polo Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Arnold Middle Barnard Last Blackwell			4. DATE OF DEATH Month Jan. Day 7 Year 1960			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-15-1908	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months 7 Days 7	IF UNDER 24 HR Hours 7 Min. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and state or country) Lawson, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John Palmer Blackwell	13b. MOTHER'S MAIDEN NAME Eva Lloyd	14. NAME OF HUSBAND OR WIFE Floyd Blackwell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 493-42-3091	17. INFORMANT Mrs Floyd Blackwell	Address Polo, Mo. R.R.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Causes		INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ s.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK <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 Mirabile	COUNTY Mo.	STATE
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21. I attended the deceased from _____, to _____ and last saw ^{her} **never** _{him} alive on _____
 Death occurred at **5:30** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Gladys Jones Local Registrar</i>	(Degree or title)	22b. ADDRESS Hamilton Mo	22c. DATE SIGNED 1-14-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-9-1960	23c. NAME OF CEMETERY OR CREMATORY Mirabile Cemetery	23d. LOCATION (City, town, or county) Mirabile Mo.
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24. FUNERAL DIRECTOR Cramer Clark	ADDRESS Kingston, Mo.	25. DATE RECD. BY LOCAL REG. 1-12-1960	26. REGISTRAR'S SIGNATURE <i>Gladys Jones</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

