

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS APR 18 1960

-60-016210

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4348 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wellsville</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>501 W. Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> c. CITY OR TOWN <u>Wellsville</u> d. STREET ADDRESS (If outside, give location) <u>501 W. Bates</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGIA WOODHULL BLACKWELL</u>				4. DATE OF DEATH Month Day Year <u>April 7, 1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>Aug. 9, 1871</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days <u>7</u> <u>28</u>	IF UNDER 24 HR Hours Min. <u></u> <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and state or country) <u>Madison County, N Y U SA</u>		12. CITIZEN OF WHAT COUNTRY <u>U SA</u>	
13a. FATHER'S NAME <u>Aaron Woodhull</u>		13b. MOTHER'S MAIDEN NAME <u>Carah Curtis</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Joe McKinney, Brunswick, Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mrs. Joe McKinney, Brunswick, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Arterio Sclerosis and</u> DUE TO (c) <u>hypertension.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 <u>12-6-57</u> to <u>4-6-60</u> and last saw her alive on <u>4-6-60</u> Death occurred at <u>4-7-60</u> <u>3 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. W. Sanford</u> (Degree or title)			22b. ADDRESS <u>120 Hudson St Wellsville, Mo.</u>		22c. DATE SIGNED <u>4/8/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr. 9, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>		23d. LOCATION (City, town, or county) <u>Wellsville, Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Wells Funeral Home Wellsville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>April 10 - 1960</u>		26. REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>			

(Licensed Embalmer's Statement on Reverse Side)

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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 Howard Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.