

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016535

FILED VS APR 26 1960

Registration District No. 316

Primary Registration District No.

Registrar's No. 158

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Middlebrook, -Rural</u>		c. CITY OR TOWN <u>RT. 1, Bonne Terre,</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Middlebrook,</u>		d. STREET ADDRESS (If outside, give location) <u>RT. 1,</u>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Harris</u> Last <u>Blackwell</u>		4. DATE OF DEATH Month <u>April</u> Day <u>22</u> Year <u>1960</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/2/1889</u>
9. AGE (last birthday) <u>70</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months <u>8</u> Days <u>20</u> Hours <u>16</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Fulton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Harris</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles C. Blackwell</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>Mr. Charles C. Blackwell, Bonne Terre, 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>Medullary Failure</u> DUE TO (b) <u>Metastatic Carcinoma of Brain</u> DUE TO (c) <u>Carcinoma, Left Breast</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Metastasis to lungs</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	
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.) <u></u>	
20f. CITY, TOWN, OR LOCATION <u></u>		COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>11-16-58</u> to <u>4-22-60</u> and last saw her alive on <u>4-22-60</u> Death occurred at <u>3:10 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. Blackwell D.O.</u>		22b. ADDRESS <u>TROY, MISSOURI</u>	
22c. DATE SIGNED <u>4-23-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/24/60</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem. Park,</u>		23d. LOCATION (City, town, or county) (State) <u>Rt. 1, Bonne Terre, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Sparks Funeral Home, Bonne Terre, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Apr. 23, 1960</u>	
26. REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 8 1960

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 _____
Signature of Student Embalmer

Signed

Everett Sparks

Licensed Embalmer No. *4287*

P. O. Address *Borne Lige*

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