

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 18 1960

-60-018807

INDEXED

Registration District No. 77 Primary Registration District No. 5302 Registrar's No. 3 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clark - Jefferson City</u>		Length of stay in lb <u>15 years</u>		c. CITY OR TOWN <u>Brazito - JC, Mo - R2</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Three miles West Brazito</u>		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS <u>Three miles west Brazito</u>		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>EDGAR</u> Last <u>BLACKWELL</u>				4. DATE OF DEATH Month <u>May</u> Day <u>13th</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>9/3/1896</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>63</u> Days <u>0</u>		IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garage Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automotive</u>		11. BIRTHPLACE (City and state or country) <u>Chamois, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John R. Blackwell</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Stennelman</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Schmidt Blackwell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>WW #1</u>		16. SOCIAL SECURITY NO. <u>WW #1</u>		17. INFORMANT <u>Mrs Laura Blackwell</u> Address			
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>Acute Anterior Infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>55 minutes</u>	
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.	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>May 1, 1960</u> to <u>May 13, 1960</u> and last saw her alive on <u>May 10, 1960</u> Death occurred at <u>9:15 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>AP Boucher D.O.</u>				22b. ADDRESS <u>217 Cherry Jefferson City, Mo.</u>		22c. DATE SIGNED <u>5-14-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 15th 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u>			
24. FUNERAL DIRECTOR <u>Tanner Service, Jefferson City, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>16 May 1960</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Harris M. Richter, Reg.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Boucher

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS MAY 8 1960

STATEMENT BY LICENSED EMBALMER

JUN 6 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

Donald R. Freeman

Licensed Embalmer No. 4622

P. O. Address

Jim

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.