

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 22 1960

=60-024082

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 87

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LOUISIANA</u>				Length of stay in 1b <u>1 DAY</u>		c. CITY OR TOWN <u>CLARKSVILLE MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>PIKE COUNTY HOSPITAL</u>				Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>RFD #</u>	
3. NAME OF DECEASED (Type or print) First <u>EDITH</u> Middle <u>LEE</u> Last <u>BLACKWELL</u>				4. DATE OF DEATH Month <u>JUNE</u> Day <u>14</u> Year <u>60</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>JAN. 10 1954</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) <u>17 MONTHS</u>		IF UNDER 1 YEAR Month <u>17</u> Days <u>15</u> Hours <u>15</u> Min.	
11. BIRTHPLACE (City and state or country) <u>CLARKSVILLE MO</u>				12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>JAMES BLACKWELL</u>				13b. MOTHER'S MAIDEN NAME <u>ROSEMARY TREESE</u>			
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. <u>—</u>		17. INFORMANT <u>JAMES BLACKWELL</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 anoxia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Laryngotracheobronchitis</u> DUE TO (c) <u>—</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1-2 hr.</u> <u>2 days</u>			
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 <u>—</u> a.m. <u>—</u> p.m.		Month, Day, Year <u>—</u> / <u>—</u> / <u>—</u>					
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>6/13/60</u> to <u>6/14/60</u> and last saw her alive on <u>6/14/60</u> Death occurred at <u>3:20 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>ph 2 Middleton mo</u>				(Degree or title)		22b. ADDRESS <u>Louisiana</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>JUNE 16, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>GREEN WOOD CEM</u>		23d. LOCATION (City, town, or county) <u>CLARKSVILLE MO</u>	
24. FUNERAL DIRECTOR <u>CARRILL COLLIER-CLARKSVILLE MO</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>June 17 1960</u>	
				26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>			

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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