

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027845

FILED VS JUL 21 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 138

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b 4 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps County Memorial Hosp		d. STREET ADDRESS (If outside, give location) Rural Dry Creek	
3. NAME OF DECEASED (Type or print) First Lola Middle Mae Last Blackwell		4. DATE OF DEATH Month 7 Day 12 Year 1960	
5. SEX Female	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 3/10/1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (City and state or country) Vienna, Missouri	
13a. FATHER'S NAME Albert F. Dambach		13b. MOTHER'S MAIDEN NAME Mary Laney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of breast Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (advanced - metastatic) DUE TO (c) 		17. INFORMANT Address Mr. Joe Blackwell, Dixon, Missouri	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had radical mastectomy - May 1959		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 a.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 COUNTY STATE	
21. I attended the deceased from 7-5-60 to 7-12-60 and last saw her alive on 7-12-60 Death occurred at 6:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. D. Stucker M.D.		22b. ADDRESS Rolla Mo	
22c. DATE SIGNED 7-14-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/15/1960	23c. NAME OF CEMETERY OR CREMATORY Kenner Cemetery	23d. LOCATION (City, town, or county) (State) Maries County, Missouri
24. FUNERAL DIRECTOR Gilbert Funeral Home, Inc., Dixon, Mo.		25. DATE RECD. BY LOCAL REG. July 14, 1960	
		26. REGISTRAR'S SIGNATURE Nadene L. Stoll	

(Licensed Embalmer's Statement on Reverse Side)

VS APR 17 1961

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 Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.