

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 31 1960 149

5136-60-038272
5145 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived). If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jackson City</i>		Length of stay in 1b 17 Years	c. CITY OR TOWN <i>Jackson</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hosp</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2219 East 26th Street

3. NAME OF DECEASED (Type or print) First <i>Carlee</i> Middle <i>Blackman</i> Last _____			4. DATE OF DEATH 10-10-60		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-5-1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>Pine Bluff, Ark.</i>		12. CITIZEN OF WHAT COUNTRY <i>U, S, A.</i>

13a. FATHER'S NAME <i>Monroe Reynolds</i>		13b. MOTHER'S MAIDEN NAME <i>Henretta Johnson</i>		14. NAME OF HUSBAND OR WIFE <i>Spence Blackman</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT <i>Alice Harper</i> Address <i>2536 Brooklyn</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.	Month, Day, Year _____	

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 _____, to <i>10/10/60</i> and last saw her <i>alive</i> on <i>10/10/60</i> . Death occurred at <i>10:30 p.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>H L Dwyer</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>2400 Cherry</i>		22c. DATE SIGNED <i>10-13-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10-15-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Blue Ridge Lawn, Cemetery</i>	23d. LOCATION (City, town or county) (State) <i>Kansas City, Missouri</i>	

24. FUNERAL DIRECTOR <i>C. E. Davis</i> ADDRESS <i>1415 Truman Rd</i>		25. DATE RECD. BY LOCAL REG. <i>10-13-60</i>	26. REGISTRAR'S SIGNATURE <i>H-L. Dwyer</i>
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION H. L. Dwyer

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 C. C. Davis

Licensed Embalmer No. 441

P. O. Address W. C.

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