

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-044920

FILED VS DEC 13 1960

360

Primary Registration District No.

6225

Registrar's No.

242

STATE FILE NUMBER

NOTED

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Length of stay in 1b 2yr4mos10days		c. CITY OR TOWN Manes		Inside Limits Yes ☐ No ☒		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 3			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) Rural Route		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Linda Middle Blackwell Last Blackwell				4. DATE OF DEATH Month December Day 2 Year 1960				
5. SEX F		6. COLOR OR RACE W		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 10-16-1878		
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Manes, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George R. Crisp			13b. MOTHER'S MAIDEN NAME Shielda Johnston			14. NAME OF HUSBAND OR WIFE Widowed		
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. Unknown		17. INFORMANT Records, State Hosp. #3, Nevada, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) Senility DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH 7 days	
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.		Month, Day, Year						
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 11-1-59 to 12-2-60 and last saw her alive on 12-2-60 Death occurred at 5:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Paul L Barone M.D.			22b. ADDRESS State Hosp Nevada Mo			22c. DATE SIGNED 12-2-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/4/1960		23c. NAME OF CEMETERY OR CREMATORY Evening Shade Cemetery		23d. LOCATION (City, town, or county) (State) Wright County, Missouri		
24. FUNERAL DIRECTOR Barber Funeral Home - Mtn. Grove, Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. Dec 6-1960		26. REGISTRAR'S SIGNATURE Anna J. Perry		

(Licensed Embalmer's Statement on Reverse Side)

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 George Stapp

Licensed Embalmer No. 316

P. O. Address W. H. Stapp

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.