IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-047024
STATE FILE NUMBER

FILED VS DEC 29 1960

NDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 429

DOCUMENT

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia
Length of stay in Ib 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 706 W. Cooper
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Richard Middle Reuben Last Blackstone
4. DATE OF DEATH Month Dec. Day 17. Year 1960
5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/14/60
9. AGE (last birthday) IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Reuben Blackstone
13b. MOTHER'S MAIDEN NAME Helen Snorgrass
14. NAME OF HUSBAND OR WIFE
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.
17. INFORMANT Helen Blackstone Address Sedalia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fatal atelectasis — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Prematurity (7 wks)
DUE TO (c) Premature separation of placenta
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. 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 14 Dec 60 to 17 Dec 60 and last saw ~~him~~ alive on 17 Dec 60
Death occurred at 10:30 A M. m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS 1216 W. 18th St. Sedalia, Mo.
22c. DATE SIGNED 19 Dec 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/19/60
23c. NAME OF CEMETERY OR CREMATORY CrownHill Annex Cem.
23d. LOCATION (City, town, or county) Sedalia, (State) Mo.

24. FUNERAL DIRECTOR J. Price Alexander ADDRESS Sedalia, Mo.
25. DATE RECD. BY LOCAL REG. 12-19-1960
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4,24

P. O. Address _____

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.