

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004948

STATE FILE NUMBER

AMENDED

Registration District No. 100Primary Registration District No. 3018Registrar's No. 17

FILED VS FEB 20 1961

1. PLACE OF DEATH a. COUNTY DENT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PHELPS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LECOMA TOWNSHIP		c. CITY OR TOWN LENOX	
Length of stay in lb 3 YEARS		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE APPROX. 2 MI. W. OF LENOX		d. STREET ADDRESS (If outside, give location) P.O. LENOX, MISSOURI	
Inside Limits Yes ☐ No ☒		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First EVALENA Middle BLACK Last BLACK		4. DATE OF DEATH Month FEB. Day 13 Year 1961	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 12/17/80
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
11. BIRTHPLACE (City and state or country) SUMMERSET, KY.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME DANIEL MCKINNEY		13b. MOTHER'S MAIDEN NAME SALLY ANN PING	
14. NAME OF HUSBAND OR WIFE JAMES C. BLACK (DECD)			
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	
17. INFORMANT CORA EAVES		Address LENOX, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Cerebral Arteriosclerosis DUE TO (b) 12 hrs DUE TO (c) 10 yrs		INTERVAL BETWEEN ONSET AND DEATH	
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 4:30 a.m. p.m. Month, Day, Year 2-13-61			
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 LENOX, MISSOURI	
21. I attended the deceased from 5-29-57 to 2-13-61 and last saw her alive on 1-13-61 Death occurred 4:30 a. m. on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Christine M.D. (Degree or title)		22b. ADDRESS Salmon, Mo.	
22c. DATE SIGNED 2-14-61			
23a. BURIAL (Cremation, Removal) (Specify) BURIAL	23b. DATE 2/15/61	23c. NAME OF CEMETERY OR CREMATORY BLACK CEMETERY	
23d. LOCATION (City, town, or county) DENT COUNTY MISSOURI			
24. FUNERAL DIRECTOR Max E. Wray ADDRESS SALEM, MO.		25. DATE RECD. BY LOCAL REG. 2-14-61	
26. REGISTRAR'S SIGNATURE M. M. Clark M.D.			

(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 by me,
or by James E. Kurtright, Student Embalmer No. 611
working under my personal supervision.

Student James E. Kurtright
Signature of Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, Mo

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.