

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014227

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 41

AMENDED

FILED APR 24 1961

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural-Meramec</b>		Length of stay in 1b <b>2 Mo. 20 Days</b>	c. CITY OR TOWN <b>St. Louis,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Josephs Hills Inf.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Alverne Hotel-1014 Locust</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>LESLIE JOSEPH BLACKMORE</b>			4. DATE OF DEATH Month Day Year <b>April 9th, 1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-7-1876</b>
9. AGE (last birthday) <b>85</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired, Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture Co.</b>	11. BIRTHPLACE (City and state or country) <b>Moberly, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>James Blackmore</b>	
13b. MOTHER'S MAIDEN NAME <b>Harriet Nevens</b>		14. NAME OF HUSBAND OR WIFE <b>Late Kathryn Blackmore</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Joseph Shea-#30 Orchard Lane, Kirkwood</b> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA of RECTO SIGMOID WITH</b> DUE TO (b) <b>METASTASES INTRA ABDOMINAL MAINLY LIVER</b> DUE TO (c) <b>3 months</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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) <b>Generalized arteriosclerosis: osteoarthritis.</b>			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 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 Month, Day, Year 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 <u>1/19/61</u> to <u>4/7/61</u> and last saw <sup>her</sup> him alive on <u>4/7/61</u> Death occurred at <u>8:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Patrick B. Hogan MD</b> (Degree or title)		22b. ADDRESS <b>2623 Telegraph Rd Lemay</b>	22c. DATE SIGNED <b>4/10/61</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (Mtr)</b>	23b. DATE <b>4-11-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Moberly, Mo.</b>	23d. LOCATION (City, town, or county) (State) <b>Moberly, Mo.</b>
24. FUNERAL DIRECTOR <b>Kriegshauser-9450 Olive Blvd.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>4-11-61</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

APR 25 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. W. Storrsand

Licensed Embalmer No. 4007

P. O. Address St. Louis, 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.