

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-018257**

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 172

AMENDED

**FILED MAY 18 1961**

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Levering Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1707 Harrison Hill</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>BLACKWELL</u> Last <u>BLACKWELL</u>			4. DATE OF DEATH Month <u>May</u> Day <u>10</u> Year <u>1961</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 19, 1890</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u>	IF UNDER 24 HR Hours <u>2</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cottage Market</u>		11. BIRTHPLACE (City and state or country) <u>Pike County Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
13a. FATHER'S NAME <u>Samuel Blackwell</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca A. Burns</u>		14. NAME OF HUSBAND OR WIFE <u>Oneta Draughon Blackwell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. William Blackwell Hannibal Missouri</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u>		<u>2 hours</u>
DUE TO (b) <u>Hypertensive cardio vascular disease</u>		<u>5 years</u>
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 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 _____ a.m. _____ p.m. Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 May 10, 1961 to May 10, 1961 and last saw him alive on May 10, 1961  
Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. Crawford Smith</u> (Degree or title)	22b. ADDRESS <u>M. D. 707 Bdw, Hannibal, Mo.</u>	22c. DATE SIGNED <u>5-12-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/12/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grand View</u>
23d. LOCATION (City, town, or county) <u>Hannibal Missouri</u>		(State)

24. FUNERAL DIRECTOR <u>W. Crawford Smith Hannibal Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>5-13-1961</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Leude</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

INFORMATION ON THIS RECORD ARE AS FOLLOWS

*M. Korman*

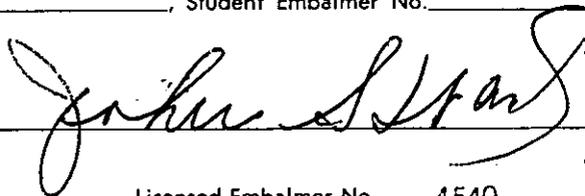
JUN 2 1961

**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  \_\_\_\_\_

Licensed Embalmer No. 4540

P. O. Address Manibal Missouri

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.