

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018566

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 4419 Registrar's No. 30

FILED MAY 17 1961

1. PLACE OF DEATH a. COUNTY <u>Platte</u> ~~Deerborn, Missouri~~		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Deerborn</u>		c. CITY OR TOWN <u>Deerborn</u>	
Length of stay in 1b <u>Life</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deerborn, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>none</u>	
Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Samuel Black</u>		4. DATE OF DEATH Month Day Year <u>April 13, 1961</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>3/6/'77</u>
9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>xxx</u>	
11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Alexander Black</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche Foster</u>	
14. NAME OF HUSBAND OR WIFE <u>Hettie Morrison Black</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs. Vertie Dean, Deerborn, Mo.</u>		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) <u>Myocardial Infarction</u> DUE TO (b) <u>A-S-H Disease</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>year</u> <u>year</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>old central vascular accident</u>		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 <u>2-15-59</u> to <u>2-15-59</u> and last saw <u>live</u> on <u>3-13-61</u> Death occurred at <u>?</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Q. W. Blankenship, M.D.</u>		22b. ADDRESS <u>Platte City, Mo</u>	
22c. DATE SIGNED <u>5/12/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/16/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Deerborn, Mo. Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Deerborn, Missouri</u>
24. FUNERAL DIRECTOR <u>Vaughn & Aufreng Deerborn, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-12-61</u>	
		26. REGISTRAR'S SIGNATURE <u>Opheia Ballins</u>	

(Licensed Embalmer's Statement on Reverse Side)

1961 MAY 16 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

W R Vaughn

Licensed Embalmer No. 4023

P. O. Address West

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.