MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-022119

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 132

AMENDED

FILED JUN 23 1961

DATE AMENDED

1. PLACE OF DEATH

a. COUNTY Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Arlington

Length of stay in 1b: Minutes

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Gasconade River

Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Phelps

c. CITY OR TOWN Rural Arlington Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) None, W. of Jerome Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First: Charles Middle: Orville Last: Blackwell

4. DATE OF DEATH Month 6 Day 13 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6/19/1912

9. AGE (last birthday) 48

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) Common Laborer & Minister

10b. KIND OF BUSINESS OR INDUSTRY X

11. BIRTHPLACE (City and state or country) Maries County, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Blackwell

13b. MOTHER'S MAIDEN NAME Cora Fenton

14. NAME OF HUSBAND OR WIFE Fern Lucille Blackwell

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. Not Available

17. INFORMANT Address: Mrs. Orville Blackwell, Jerome, 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) Asphyxia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Drowning

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Minutes

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.) Drowned in attempt to save Daughter, age 8, who had fallen from boat

20c. TIME OF INJURY Hour 7:10 p.m. Month, Day, Year 6/13/61

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.) Gasconade River

20f. CITY, TOWN, OR LOCATION Jerome COUNTY Phelps STATE Mo.

21. I attended the deceased from ____ to ____ and last saw her alive on ____

Death occurred at 7:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul E. Null Coroner

22b. ADDRESS Rolla, Missouri

22c. DATE SIGNED 6/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6/17/1961

23c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery

23d. LOCATION (City, town, or county) Dixon, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Gilbert Funeral Home, Inc., Dixon, Mo.

25. DATE RECD. BY LOCAL REG. June 15, 1961

26. REGISTRAR'S SIGNATURE Nadene L. Stoll

(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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _Maurice E. Scherbaum_
        Signature of Student Embalmer

Licensed Embalmer No. _4506_

P. O. Address _Dixon, 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.