

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007501

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 24

FILED MAR 15 1962

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boling</u>		c. CITY OR TOWN <u>Wheatland Township</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>523 N. BENTON</u>		d. STREET ADDRESS (If outside, give location) <u>1 Mile North of Wheatland</u>	
Length of stay in 1b' <u>2 weeks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Dora</u> Middle <u>Belle</u> Last <u>Blackwell</u>			4. DATE OF DEATH Month <u>Mar.</u> Day <u>4</u> Year <u>1962</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>9-30-80</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Hermitage, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Downs</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Sikes</u>	
14. NAME OF HUSBAND OR WIFE <u>J.H. Blackwell</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>J.H. Blackwell, Wheatland, Mo</u>		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>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	

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 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 <u>9:55</u> a.m. Month, Day, Year <u>3/1/62</u>		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.) <u>3/1/62</u>		20f. CITY, TOWN, OR LOCATION <u>3/3/62</u>	
20g. COUNTY <u>Hermitage, Mo.</u>		20h. STATE <u>Mo.</u>	

21. I attended the deceased from <u>3/1/62</u> to <u>3/3/62</u> and last saw her alive on <u>3/3/62</u>		Death occurred at <u>9:55</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Hermitage, Mo.</u>		22b. ADDRESS <u>Boling, Mo.</u>	
22c. DATE SIGNED <u>3/5/62</u>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 8 - 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hermitage Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Hermitage, Mo.</u>
24. FUNERAL DIRECTOR <u>Robert Helms - Wheatland, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 9, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Borden per Jimell</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
+1
30
X
0
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 Chas. Albert H. Hauray

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.