

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043672

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 223

FILED DEC 6 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Polk</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tolla</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>M. Ireland Nursing Home</u>	c. CITY OR TOWN <u>Shelton</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last	
<u>Mattilda Joann Blackwell</u>	
4. DATE OF DEATH	Month Day Year
<u>Dec. 2, 1962</u>	
5. SEX	6. COLOR OR RACE
<u>Female</u>	<u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
	<u>2-13-1893</u>
9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
<u>69</u>	Months Days Hours Min.
	<u>2 14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
<u>Factory Worker, Retired</u>	<u>Gen. M.</u>
11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
<u>Gen. M., Mo.</u>	<u>U.S.A.</u>
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME
<u>Fritz Woenmel</u>	<u>Henrietta Klemme</u>
14. NAME OF HUSBAND, OR WIFE	
<u>John J. (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
<u>No</u>	<u>498-03-9678</u>
17. INFORMANT	Address
<u>Mr. Paul H. Harts</u>	<u>Bourbon, 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 Vascular Accident</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)
	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 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>Sept 1962</u> to <u>Dec 2 1962</u> and last saw her <u>alive</u> on <u>Dec 1 1962</u>	
Death occurred at <u>1 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
<u>L.F. Anderson</u>	<u>M.D. Tolla, Mo.</u>
22c. DATE SIGNED	
<u>12-2-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
<u>Burial</u>	<u>12/5/1962</u>
23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Ed. Cemetery</u>	<u>Owensville Missouri</u>
24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.
<u>Paul G. Smith, Cuba, Mo.</u>	<u>Dec. 3, 1962</u>
26. REGISTRAR'S SIGNATURE	
<u>Madame L. Stoll</u>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DEC 11 1962

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 Paul J. [Signature]

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.