

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046391

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100Primary Registration District No. 3018Registrar's No. 113

FILED DEC 18 1962

1. PLACE OF DEATH

a. COUNTY Dentb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN SalemLength of stay in 1b
9 monthsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Hart HospitalInside Limits
Yes ☒ No ☐

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

a. STATE Missouri b. COUNTY Dentc. CITY
OR
TOWN SalemInside Limits
Yes ☐ No ☒d. STREET
ADDRESS (If outside, give location)
Route 5Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
JOHN HENRY BLACKWELL4. DATE OF DEATH
Month Day Year
December 10 19625. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
2/20/789. AGE (last birthday)
84IF 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)
Postmaster (Ret.)10b. KIND OF BUSINESS OR INDUSTRY
U.S. Civil Serv.11. BIRTHPLACE (City and state or country)
Dent County, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

U.V. Blackwell

13b. MOTHER'S MAIDEN NAME

Susan Hep

14. NAME OF HUSBAND OR WIFE

Sarah (deceased)

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.

Unknown

17. INFORMANT

Address
Gladys Blackwell Rte 5 Salem, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Aorta aneurysm, thoracic 4615-942.6INTERVAL BETWEEN
ONSET AND DEATH
2 yrs.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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.☐ Yes ☐ No ☐ Unknown19. 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 Sept. 7, 1951 to Dec. 10, 1962 and last saw him alive on Dec. 10, 1962
Death occurred at 8:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

M. Hart, M.D. (Degree or title)

22b. ADDRESS

Salem, Missouri

22c. DATE SIGNED

12-13-6223a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

12/13/6223c. NAME OF CEMETERY OR CREMATORY
Dry Fork Cemetery23d. LOCATION (City, town, or county)
Dent County, Missouri

(State)

24. FUNERAL DIRECTOR

Max L. Waple

ADDRESS

Salem, Mo.

25. DATE REC'D. BY LOCAL REG.

12-13-62

26. REGISTRAR'S SIGNATURE

M. Hart, M.D. by am

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
10331
20330
3
4 0
5 2
6
7 0
8 2
9 022X
10
11
12 1-0
13 1-0

DEC 26 1962

FEB 7 1963

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Jackson, Miss

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.