

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016507

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 163

Primary Registration District No. 3021

Registrar's No. 31

STATE FILE NUMBER

FILED MAY 13 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>DESOTO</b>		Length of stay in 1b <b>73 YRS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>314 N. 8' TH</b>		d. STREET ADDRESS (If outside, give location) <b>314 N. 8' TH</b>	
3. NAME OF DECEASED (Type or print) First <b>GUS</b> Middle <b>*</b> Last <b>BLACKWELL</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>4</b> Year <b>1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/28/90</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET. FIREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INT. SHOE CO.</b>	
13a. FATHER'S NAME <b>JAMES BLACKWELL</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZA METZ</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-01-2274</b>	
17. INFORMANT <b>BERTHA BLACKWELL</b>		Address <b>DESOTO Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis, with myocardial infarction. Few minutes.</b> DUE TO (b) <b>Coronary atherosclerosis.</b> DUE TO (c) <b>?</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>27 One year.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>April 15, 1963</b> to <b>May 4, '63</b> and last saw him alive on <b>April 15, 1963</b> Death occurred at <b>9:00 P.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Thomas A. Donnell M.D.</b>	
22b. ADDRESS <b>Desoto, Mo.</b>		22c. DATE SIGNED <b>5-6-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>MAY 7, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>DESOTO Mo.</b>	
24. FUNERAL DIRECTOR <b>D.B. DIETRICH, DE SOTO, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-6-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Marie Harris</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUN 14 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

*Donell B. Smith*

Licensed Embalmer No.

*4104*

P. O. Address

*Depto Ma*

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.