

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-019568

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No.

Registrar's No. 49

FILED JUN 3 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1. PLACE OF DEATH a. COUNTY DENT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DENT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALEM		Length of stay in 1b @ WEEKS	c. CITY OR TOWN SALEM
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HART HOSPITAL		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 613 ASKIN STREET
3. NAME OF DECEASED (Type or print) First HUGH Middle ALVY Last BLACKWELL		4. DATE OF DEATH Month MAY Day 25 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 7/22/1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BLDG. CONST.	11. BIRTHPLACE (City and state or country) SALEM, MO.
13a. FATHER'S NAME JAMES BLACKWELL		13b. MOTHER'S MAIDEN NAME MARTHA HEROD	14. NAME OF HUSBAND OR WIFE LENORE
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. 497-01-2779	17. INFORMANT LENORE BLACKWELL Address 613 ASKIN 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) Carcinoma of vertebral column (metastases) DUE TO (b) Bronchiolar carcinoma 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 ☐ Unknown			INTERVAL BETWEEN ONSET AND DEATH 3 Mos. ?
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.)	
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 May 9, 1963 to May 25, 1963 and last saw him alive on May 25, 1963 Death occurred at 6:11 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. Hart M.D. (Doctor, or title)		22b. ADDRESS Salem, Missouri	22c. DATE SIGNED 5-27-63
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5/27/1963	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.
24. FUNERAL DIRECTOR WARFEL FUNERAL HOME ADDRESS SALEM, MO.		25. DATE RECD. BY LOCAL REG. 5-27-63	26. REGISTRAR'S SIGNATURE M. Hart M.D. by RMC

5961 S NUR

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

Edward F. Dryles

Licensed Embalmer No. 4553

P. O. Address P.O. Box 125
Joliet 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.