

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044555

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170

Primary Registration District No. —

Registrar's No. 193

FILED NOV 26 1963

VS 300
Rev. 4/59

10530

20300

3

4 0

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95400

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12 86-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE M. b. COUNTY Dallas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dove		Length of stay in lb 11 days	c. CITY OR TOWN Windyville Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dedar Grove Nrsg. Home		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Middle Last Harvey W. Blackwell		4. DATE OF DEATH Month Day Year November 15, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH Apr. 25, 1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	9. AGE (last birthday) 54 IF UNDER 1 YEAR Months Days Hours Min. 6 20
11a. FATHER'S NAME Isiah Blackwell		11b. MOTHER'S MAIDEN NAME Stella Jones	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Isiah Blackwell		13b. MOTHER'S MAIDEN NAME Stella Jones	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW II		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Gladys Williams Address Long Lane, 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) Peptic ulcer & severe bleeding DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH one week
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid arthritis			PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None	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 11/15/63 to 11/15/63 and last saw him alive on 11/15/63 Death occurred at 9:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. J. Jones (Degree or title) MD		22b. ADDRESS Jebanon, Mo	22c. DATE SIGNED 11/18/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 17, 1963	23c. NAME OF CEMETERY OR CREMATORY Lone Rock Cemetery	23d. LOCATION (City, town, or county) Dallas County, Missouri
24. FUNERAL DIRECTOR Montgomery Funeral Home/Bufalo, Missouri		25. DATE RECD. BY LOCAL REG. 11-21-1963	26. REGISTRAR'S SIGNATURE Hella L. May

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

DEC 10 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 Vernon H. Viets
Vernon H. Viets

Licensed Embalmer No. 5083
P. O. Address Buffalo, Missouri

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.

Permit Not Issued H.S.H.