STANDARD CERTIFICATE OF DEATH State File No. STANDARD CERTIFICATE OF DEATH 1. FLACE OF DEATH 2. COUNTY Linn D. CITY (If outdot components limits, write RURAL and give country) STAY [5] and the country Linn D. CITY (If outdot components limits, write RURAL and give country) STAY [5] and the country Linn D. CITY (If outdot components limits, write RURAL and give country) STAY [5] and the country Linn D. CITY (If outdot components limits, write RURAL and give country) G. FILL NAME Off (If so it benefits) STAY [5] and the country limits with an addition of the country limits with a country limits with an addition of the country limits with a count	•			VISION OF HE					25549
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a. STATE Missouri b. COUNTY Linn b. CITY (If outdite corporate limits, write RURAL and give township) TOWN Brookfield d. FULL NAME OF (If not its bengelad or inactivation, give stress address or location) HSSPIAL NAME OF (If not its bengelad or inactivation, give stress address or location) HSSPIAL NAME OF (If not its bengelad or inactivation, give stress address or location) HSSPIAL NAME OF (If not its bengelad or inactivation, give stress address or location) HSSPIAL OF (If not its bengelad or inactivation, give stress address or location) HSSPIAL OF (If not its bengelad or inactivation, give stress address or location) 3. NAME OF (If not its bengelad or inactivation, give stress address or location) HSSPIAL OF (If not its bengelad or inactivation) 3. NAME OF (If not its bengelad or inactivation) HSSPIAL	•	· · · · · · · · · · · · · · · · · · ·	REG. DIST.	NO	PRIMARY REG.	DIST. NO. <u>=</u>	038 Regi	istrar's No	3/6
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HOSPITAL OR NSTITUTION \$29 Lincoln Street ADDRESS A	OR	•	RURAL and give township)	STAY (in this place)	li or	Brookfie	eld	and give towns	hip) 1582
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Male White Widowed Divorced Gaseatisy Martined Capacity Martined C		- , ,			c. (Last)	OF	•	
done dutar most of working life, wear it retired? Railroad Switchman Railroad Is witchman Mary Ellen Hale Gertrude Fosher To No Fosher Railroad Is witchman Is witchman Is Signature on Name Address Mrs. Gertrude Blackburn, Brookfield, Mo. Railroad Is witchman Mrs. Gertrude Blackburn, Brookfield, Mo. Mrs. Gertrude Blackburn, Brookfield, Mo. Mrs. Gertrude Blackburn, Brookfield, Mo. ANTECEDENT CAUSES Morbid conditions, y any, giring DUE TO (b) Parks does not mean the dute of sixting the underlying cause last: Morbid conditions, y any, giring DUE TO (b) Parks does not mean the dute of sixting the underlying cause last: Morbid conditions, y any, giring DUE TO (b) Parks does not mean the dute underlying cause last: Morbid conditions, y any, giring DUE TO (b) Parks does not mean the dute underlying cause last: Morbid conditions, y any, giring DUE TO (b) Parks does not mean the dute underlying cause last: Morbid conditions, y any, giring DUE TO (b) Parks does not mean the dute declared last of the decath but not retard the dute underlying cause last: Morbid conditions of ordinary causes of conditions causing death. Parks does not mean the dute declared of the decease of conditions causing death. Parks does not mean the dute declared ordinary causes of conditions causing death. Parks does not mean the dute declared at the decease of conditions causing death. Parks does not mean the dute declared at the decease of conditions causing death. Parks does not mean the dute declared at the decease of conditions of causing death. Parks does not mean the dute declar	€ /i		7. MARRIED, N WIDOWED, D Mar	EVER MARRIED, IVORCED (Specify)	1		9. AGE (In ye last birthday)	Months	
James William Blackburn James William Blackburn Mary Ellen Hale Gertrude Fosher	done during most of worki	ng life, even if retired)	1	DUSTRY	1 -	(City me ste		matry) O	COUNTRY
NO. Mrs. Gertrude Blackburn, Brockfield, Mo. 8. CAUSE OF DEATH Taker only one onuse per the mode of dying, such the mode of dying, such the mode of dying, such the III means the dis- use, injury, or complica- tien underlying couse last: 11. OTHER SIGNIFICANT CONDITIONS 22. AUTOPSY: 13. ACCIDENT 13. MAJOR FINDINGS OF OPERATION 14. ACCIDENT 15. MAJOR FINDINGS OF OPERATION 16. ACCIDENT 17. DISEASE OR CONDITION 17. DISEASE OR CONDITION 18. ACCIDENT 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 18. ACCIDENT 19. MAJOR FINDINGS OF OPERATION 21. PLACE OF INJURY (e.g., in or about SUCIDE ROMICIDE 16. TIME 17. MOORED 17. HOW DID INJURY OCCURRED 18. MAJOR FINDINGS 18. ACCIDENT 19. MAJOR FINDINGS OF OPERATION 21. INJURY 21. INJURY OCCURRED 18. MAJOR FINDINGS 19. MAJOR FINDINGS OF OPERATION 21. INJURY 21. INJURY OCCURRED 18. MAJOR FINDINGS 19.	3a. FATHER'S NAME		13b. N	OTHER'S MAIDEN	NAME	14. NA	ME OF HUSBAN		
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State Stat	he mode of dying, such us heart failure, asthenia, sic. It means the dis-	Morbid condition	is, if any, giving D	UE TO (b) (E)	bral -	en play	lism	\	- 8×13
TION 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21c. (CITY. TOWN. OR TOWNSHIP) 21c. (COUNTY) (COUNTY) (STATE) 21c. (CITY. TOWN. OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Tear) (Hour) 21e. INJURY 21c. (CITY. TOWN. OR TOWNSHIP) (COUNTY) (STATE) 21d. HOW DID INJURY OCCUR? 22d. How DID INJUR		Conditions contri	buting to the death i	but not	ir fairer	, , , ,	, 		
SUICIDE HOMICIDE HILLET HOMICIDE	9a. DATE OF OPERA- TION	196. MAJOR FIN	DINGS OF OPERA	ATION :	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	isel-tr	33	2X	
WHILE AT WORK ST WORK 2. I hereby certify that I attended the deceased from the late of the deceased alive on 1953, to 1953, that I last saw the decease alive on 1953, and that death occurred at 1:150 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRSS 24a. BURIAL. CREMA- TION, REMOVAL (Speaker) BITTIAL TULY 25, 1953 Rose Hill Cemetery Brookfield, Mo. DATE RECO BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF IN. home, farm, factory.	JURY (e.g., in or about acrest, office bldg., etc.)	21c. (CITY, TOV	yn, or town s h			
alive on			WHILE A	TO NOT WHILE		NJURY OCCUR?		• • • • • • • • • • • • • • • • • • • •	
23a. SIGNATURE (Degree or title) 23b. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY 24d. Location (City, town, or county) 24d. Location (City, town, or county) (State) TULY 25, 1953 Rose Hill Cemetery DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (C. NAME OF CEMETERY OR CREMATORY 24d. Location (City, town, or county) Brookfield, Mo. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Address Wright Funeral Home, Brookfield, Mo.	1	that I attended	the deceased fro 2, and that d	/11//		romithe course	<u> </u>		
Tuly 25, 1953 Rose Hill Cemetery Brookfield, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (17, 104). 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Address Manuscack Wright Funeral Home, Brookfield, Mo.		ROYPA	Haley			202/1	field	Mo	7/24/5
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (17 Dec. 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.	TION, REMOVAL (Breaks	r) _			Cemetery	Bro	okfield,		ty) / (State)
(Licensed Embalmer's Statement on Reverse Side)	DATE REC'D BY LOCA	L REGISTRAR'S		Wach	25 FUNERAL Wright Fr	meral Ho	signature me, Broc		
			(Lie	ensed Embalmer's	Statement on Revi	erse Side)			

I hereby certify that the body whose name is recorded on the reverse s	side of this certificate was embalmed by me, or by
	Student Embalmer No
orking under my personal supervision.	
61	. Harved B. Wright

Licensed Embalmer No

P. O. Address Brookfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

If this body is not embalmed, fact should be so stated above.

the above constitutes grounds for revocation of license.)