

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

25549

0582

FILED JUL 27 1953

BIRTH NO. REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>	
c. LENGTH OF STAY (in this place) <u>45 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>829 Lincoln Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>829 Lincoln Street</u>		e. STREET ADDRESS (If rural, give location) <u>829 Lincoln Street</u>	
3. NAME OF DECEASED (Type or Print) <u>JAMES SUMNER BLACKBURN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 23, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 12, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	9. AGE (in years last birthday) <u>72</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Linn County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>James William Blackburn</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Hale</u>	
14. NAME OF HUSBAND OR WIFE <u>Gertrude Fosher</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>332X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gertrude Blackburn, Brookfield, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Arteriosclerosis</u> ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Cerebral Embolism &</u> DUE TO (c) <u>Left Hemiplegia &</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>July 10, 1953</u> , to <u>July 23, 1953</u> , that I last saw the deceased alive on <u>July 23, 1953</u> , and that death occurred at <u>1:15 p.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Boyd R. Haley</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Brookfield, Mo.</u>	
23c. DATE SIGNED <u>7/24/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 25, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wright Funeral Home, Brookfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-24-53</u>		REGISTRAR'S SIGNATURE <u>Nadine Hambach</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 28 1953

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
Student Embalmer

Signed _____

Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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 this body is not embalmed, fact should be so stated above.