No. 300
10.48

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 177

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 4048 Registrar's No. 31

1. PLACE OF DEATH
a. ~~COUNTY~~ Town Rocheport
b. CITY OR ~~TOWN~~ Co. Boone
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) x

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rocheport
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Harrison
c. (Last) Blackburn

4. DATE OF DEATH (Month) (Day) (Year) Jan 22 1949

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan 23 1882

9. AGE (In years last birthday) 66
IF UNDER 1 YEAR: Months 11 Days 29
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor + Farmer

10b. KIND OF BUSINESS OR INDUSTRY Labor + Farm.

11. BIRTHPLACE (State or foreign country) Boone Co Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James W Blackburn

13b. MOTHER'S MAIDEN NAME Alice Cook

14. NAME OF HUSBAND OR WIFE ~~Hulford B~~ Addie Blackburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) x
(If yes, give war or dates of service) x

16. SOCIAL SECURITY NO. x

17. INFORMANT'S SIGNATURE OR NAME Hulford Blackburn
ADDRESS Rocheport Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Paralysis (creeping) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hardening of Spinal Cord
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

C 83 C

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Rocheport (COUNTY) Boone (STATE) Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July *, 1948, to* Jan *, 1949, that I last saw the deceased alive on* June 10, *1949, and that death occurred at* 8.30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Lloyd Simpson (Degree or title) M.D.

23b. ADDRESS 506 Cherry St

23c. DATE SIGNED 1-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 24 49

24c. NAME OF CEMETERY OR CREMATORY Rocheport Cemetery

24d. LOCATION (City, town, or county) Rocheport (State) Mo

DATE REC'D BY LOCAL REG. Jan 26 1949

REGISTRAR'S SIGNATURE Mrs. P. E. Palmore 31

25. FUNERAL DIRECTOR'S SIGNATURE Rouzee
ADDRESS Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number JAN 31 1949
Date Filed

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 Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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