

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11683

FILED APR 20 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>118</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Fulton</u>		d. STREET ADDRESS (If rural, give location) <u>one mile south of Fulton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4 12 1949</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clark</u>		b. (Middle) <u>Paylor</u>		c. (Last) <u>Blackburn</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>Apr. 12, 1894</u>		9. AGE (In years) (last birthday) <u>55</u> IF UNDER 1 YEAR (Months) (Days) <u>0 0</u> IF UNDER 24 HRS. (Hours) (Min.) <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Blackburn</u>			13b. MOTHER'S MAIDEN NAME <u>Sally G. Oliver</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Nellie Blackburn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie Blackburn</u>		ADDRESS <u>Fulton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Prostate</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>197X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF CAUSATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19 <u>47</u> , to <u>Death</u> , 19____, that I last saw the deceased alive on <u>4-12</u> , 19 <u>49</u> and that death occurred at <u>3 0</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Brown</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>4-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 14 1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426 25. FUNERAL DIRECTOR'S SIGNATURE <u>Glen Y. Morgan</u>		ADDRESS <u>Fulton, Mo.</u>	

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed APR 19 1949

JAN 9 1957

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 Walter J. Heines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.