

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22743

FILED JUN 26 1950

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 203

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		<u>0100</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315 McBaine Ave.</u>			d. STREET ADDRESS (If rural, give location) <u>315 McBaine Ave.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>OLLIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>BLACKWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1950</u>		
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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>April 2, 1873</u>	9. AGE (In years last birthday) <u>77</u>	10. MONTHS <u>3</u>	11. YEAR <u>12</u>	12. IF ORDER IN REG. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James H. Blackwell</u>	13b. MOTHER'S MAIDEN NAME <u>Salema Williamson</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Hutchison Blackwell</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ollie Lee Blackwell, Columbia, Mo.</u>		
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis chronic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension arterial</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> <u>Unknown</u> <u>Unknown</u> <u>59-2X</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from June 26, 1950, to July 14, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank E. Decker, M.D.</u>		23b. ADDRESS <u>Columbia, Mo.</u>	23c. DATE SIGNED <u>7-15-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 16, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>July 15 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmox</u>	FUNERAL DIRECTOR'S SIGNATURE <u>31 Parker Funeral Service</u>	ADDRESS <u>Columbia, Mo.</u>	
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RECEIVED 7-25
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-25-50

JUL 26 1950

1950 9 2 1111

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Thas L. Daring

Licensed Embalmer No. 4132

P. O. Address Columbia, Md.

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.