

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40843

State File No.

FILED JAN 8 1952
BIRTH NO. 23799-57

REG. DIST. NO. 47

PRIMARY REG. DIST. NO. 3008

Registrar's No. 369

1. PLACE OF DEATH
 a. COUNTY Callaway 0143
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton
 c. LENGTH OF STAY (If in this place) 5 Days
 d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Callaway
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Williamsburg 0140
 d. STREET ADDRESS (If rural, give location) R.F.D. 1

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

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 31, 1951

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH Dec, 26, 1951

9. AGE (In years last birthday)

IF UNDER 1 YEAR Months 5
 IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Callaway Hosp, Fulton, Mo

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

13a. FATHER'S NAME Vollie Harrison Blackburn

13b. MOTHER'S MAIDEN NAME Lucille Atterberry

14. NAME OF HUSBAND OR WIFE None

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

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vollie H. Blackburn, Williamsburg

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) Premature (7ma gestation)
 ANTECEDENT CAUSES (cause unknown)
 Morbid 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 ac Bronchopneumonia
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
5 days
4 days

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) (COUNTY) (STATE)

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

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

21f. HOW DID INJURY OCCUR? 7635

22. I hereby certify that I attended the deceased from 12/26, 1951, to 12/31, 1951, that I last saw the deceased alive on 12/30, 1951, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry D. Smith, M.D.

23b. ADDRESS Fulton, Mo.

23c. DATE SIGNED 12/31/51

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

24b. DATE Jan. 2, 1952

24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery

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

DATE REC'D BY LOCAL REG. Dec. 31-1951

REGISTRAR'S SIGNATURE Martha Lawrence 426

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hallace Funeral Home, Fulton Mo.

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

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 Wenzel C. Browning

Licensed Embalmer No. 2726

P. O. Address Falton, 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.