

STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED APR 6 1954** REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **4219** Registrar's No. _____

1. PLACE OF DEATH
 a. COUNTY **Hickory**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Wearblean**
 c. LENGTH OF STAY (in this place) **2 mo.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **N. Wearblean**

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

3. NAME OF DECEASED
 a. (First) **Allie** b. (Middle) **Ethel** c. (Last) **Blackwell**

4. DATE OF DEATH (Month) (Day) (Year)
Mar 31-1954

5. SEX
Female

6. COLOR OR RACE
White

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

8. DATE OF BIRTH
Aug 8-1886

9. AGE (In years last birthday) **67** **7** **23**

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

10b. KIND OF BUSINESS OR INDUSTRY
Self Employed

11. BIRTHPLACE (State or foreign country)
Texas County, Mo

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

13a. FATHER'S NAME
John Fisher

13b. MOTHER'S MAIDEN NAME
Eva Jones

14. NAME OF HUSBAND OR WIFE
James Blackwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME **Address**
Arvin Blackwell - Elkton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Myocardial failure**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Thrombosis**
 DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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)

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 1946, 1946, to March 31, 1954, that I last saw the deceased alive on 9:00 P.M., 1954 and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
H. R. Easton M.D.

23b. ADDRESS
Wearblean Mo

23c. DATE SIGNED
April 25

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

24b. DATE
4-2-54

24c. NAME OF CEMETERY OR CREMATORY
Flemington Cemetery

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

DATE REC'D BY LOCAL REG.
4-2-1954

REGISTRAR'S SIGNATURE
May Johnson

25. FUNERAL DIRECTOR'S SIGNATURE **Address**
Elizabeth H. Hays - Wheatland 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 *Chas. Gilbert Fitzhugh*.....

Licensed Embalmer No. *4267*.....

P. O. Address *Wheatland, 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.