

FILED JUN 24 1954

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 20206

20206

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4952**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Festus	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hosp.		e. STREET ADDRESS (If rural, give location) Missouri	
3. NAME OF DECEASED (Type or Print) Ephraim a. (First) Ephraim b. (Middle) _____ c. (Last) Blackwell			4. DATE OF DEATH (Month) (Day) (Year) June 3 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH 1-1-1874
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical	11. BIRTHPLACE (City and State or Foreign Country) Blackwell, Missouri
13a. FATHER'S NAME Aquilla Blackwell		13b. MOTHER'S MAIDEN NAME Dolly Coleman	14. NAME OF HUSBAND OR WIFE Wife - Bertha
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 496-32-1839	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Peters, Webster, 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) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease DUE TO (c) Arteriosclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 10 days	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 420/	
22. I hereby certify that I attended the deceased from <u>6-1-54</u> , 19 <u>54</u> , to <u>6-3-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-3-54</u> , 19 <u>54</u> , and that death occurred at <u>3:55 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Malcolm B. Ruwee M.D.		23b. ADDRESS 4660 Mayland	23c. DATE SIGNED 6/4/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/5/54	24c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial Park	24d. LOCATION (City, town, or county) (State) Festus, Mo.
DATE REC'D BY LOCAL REG. JUN 4 1954	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE H. W. Myard	
ADDRESS Festus Mo		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

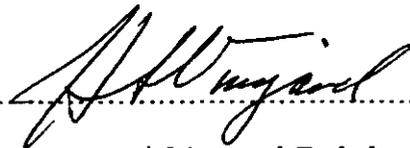
STATEMENT BY LICENSED EMBALMER

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

Signature of Student Embalmer

Signed



Licensed Embalmer No. 30

P. O. Address *Festa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.