No. 300
10.48

0510 1

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

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4252 State File No. 28065

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. ~~3032~~ Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centerview
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, Centerview

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centerview 0510
d. STREET ADDRESS (If rural, give location): Centerview 0

3. NAME OF DECEASED (Type or Print)
a. (First): MATTIE
b. (Middle): BLACKBURN
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): August 1, 1954

5. SEX: Female 3
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 3
8. DATE OF BIRTH: November 20, 1869
9. AGE (In years last birthday): 84 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Centerview, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Monroe Harvey
13b. MOTHER'S MAIDEN NAME: Maggie Johnson
14. NAME OF HUSBAND OR WIFE: Jack Blackburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Marvin Blackburn, Centerview, Missouri

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): General Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Yrs.

ANTECEDENT CAUSES
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
Conditions contributing to the death but not related to the disease or condition causing death. 4501

19a. DATE OF OPERATION: 9-30-51
19b. MAJOR FINDINGS OF OPERATION: Amputation leg due to arteriosclerotic gangrene
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?

22. *I hereby certify that I attended the deceased from* 9-30, 19 51, *to* _____, 19____, *that I last saw the deceased alive on* about, 19 53, *and that death occurred at* 10:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D. 0
23b. ADDRESS: Warrensburg, Missouri
23c. DATE SIGNED: 8-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 3, 1954
24c. NAME OF CEMETERY OR CREMATORY: Repp Cemetery
24d. LOCATION (City, town, or county) (State): Centerview, Missouri

DATE REC'D BY LOCAL REG.: Aug 3, 1954
REGISTRAR'S SIGNATURE: Savannah Christopher 147-d
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: R. A. Brauninger, Warrensburg, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 9 1954
JOHNSON COUNTY HEALTH DEPT.

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 ME

.....,

working under my personal supervision.

Student Embalmer No.....

Signed R. A. Kraemer

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Missouri

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.