

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28986

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1049	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 4 months		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3024 Frederick Ave.				e. STREET ADDRESS (If rural, give location) Route 6, Kirschnera Addition			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) ARTHUR c. (Last) BLACKISTON			4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1955				
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 2, 1895	9. AGE (In years last birthday) 59	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) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) West Plains, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Franklyn T. Blackiston		13b. MOTHER'S MAIDEN NAME Della Wheeler		14. NAME OF HUSBAND OR WIFE Mary Blackiston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. 511-16-8308	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Susan Kackley 3024 Frederick Ave.				
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Colon</i>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>	
	II. OTHER SIGNIFICANT CONDITIONS <i>Generalized Carcinoma</i>					<i>3 mo</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>153X</i>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Mar 1955</i> to <i>Sept 27 1955</i> , that I last saw the deceased alive on <i>27 Sept, 1955</i> , and that death occurred at <i>10:58 a. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Susan Kackley</i>			23b. ADDRESS <i>3024 Frederick Ave</i>			23c. DATE SIGNED <i>9.27.55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 29, 1955	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.			
DATE REC'D BY LOCAL REG. Sept 30, 1955		REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Clark</i> Clark Funeral Home St. Joseph, Mo.			

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

OCT 11 1958

200-78 100

**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... *Gene A. Clark* .....

Licensed Embalmer No... 422

P. O. Address *St. Louis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.