

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5789 State File No. 37537

FILED NOV 22 1955 BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 42

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Mississippi</u>                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> |   |
| b. CITY OR TOWN <u>Rural - St. James</u>                                | c. LENGTH OF STAY (in this place) <u>50 yrs.</u> | c. CITY OR TOWN   | 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 <u>1 mile East-East Prairie</u> |  | e. STREET ADDRESS (If rural give location) <u>1 mile East-East Prairie</u>  |   |

|                                     |                           |                              |                           |   |
|-------------------------------------|---------------------------|------------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MARSHAL</u> | b. (Middle) <u>ALEXANDER</u> | c. (Last) <u>BLACKMAN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7, 1955</u> |
|-------------------------------------|---------------------------|------------------------------|---------------------------|---|

|                    |                               |   |  |  |                             |                            |
|--------------------|-------------------------------|---|--|--|-----------------------------|----------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 10, 1879</u> | 9. AGE (in years last birthday) <u>75 77</u> | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
|--------------------|-------------------------------|---|--|--|-----------------------------|----------------------------|

|   |   |   |  |
|---|---|---|--|
| 10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u> | 11. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Ky.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|---|---|--|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>James N. Blackman</u> | 13b. MOTHER (MAIDEN) NAME <u>Mary Louisa Hawkins</u> | 14. NAME OF HUSBAND OR WIFE <u>Hattie Blackman</u> |
|---|--|--|

|   |                         |  |                             |
|---|-------------------------|--|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Blackman</u> | ADDRESS <u>East Prairie</u> |
|---|-------------------------|--|-----------------------------|

|   |  |             |                                  |
|---|--|-------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |             | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Myocarditis</u>   |             |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) <u>Aortic Aneurism</u> |             |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <u>H221</u> |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 June, 1953 to Nov 7, 1955; that I last saw the deceased alive on Nov 7, 1955, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

|  |                                  |                                  |
|--|----------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Justin Campbell D.O.</u> | 23b. ADDRESS <u>East Prairie</u> | 23c. DATE SIGNED <u>11-13-55</u> |
|--|----------------------------------|----------------------------------|

|  |                          |  |  |
|--|--------------------------|--|--|
| 24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-9-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>S.O.O.F.</u> | 24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u> |
|--|--------------------------|--|--|

|  |   |   |         |
|--|---|---|---------|
| DATE REC'D BY LOCAL REG. <u>11-17-55</u> | REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton Shelby - East Prairie</u> | ADDRESS |
|--|---|---|---------|

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

0670

Can't say

NOV 21 REC

RECEIVED

Miss. Co. Health

County File No. \_\_\_\_\_

Date Filed NOV 21

JAN 4 1956

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 *Travis Shelby Jr.*

Licensed Embalmer No. *4944*

P. O. Address *East Pr...*

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.