

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5396**

FILED FEB 21 1956

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **5582** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY: JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give OR-TOWN RURAL Jackson)		c. LENGTH OF STAY (In this place) 50 YRS	c. CITY OR TOWN CARTERVILLE
d. FULL NAME OF HOSPITAL OR INSTITUTION FAIR ACRES		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 501 NORTH WASHINGTON	

3. NAME OF DECEASED (Type or Print)	a. (First) RALPH	b. (Middle) LAMONT	c. (Last) BLACKBURN	4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 11 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCTOBER 15, 1876	9. AGE (In years Last birthday) 79	IF UNDER 1 YEAR Months 3 Days 27	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. GOVERNMENT	10b. KIND OF BUSINESS OR INDUSTRY MAIL CARRIER	11. BIRTHPLACE (City and State or Foreign Country) ARBORVILLE, NEBRASKA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM H BLACKBURN	13b. MOTHER'S MAIDEN NAME IDA MAY WILKINS	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 558-22-2261A	17. INFORMANT'S SIGNATURE OR NAME HARRY H. BLACKBURN ADDRESS CARTERVILLE MO
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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		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized atherosclerosis		unknown
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **5-8**, 1955, to **2-1**, 1956, that I last saw the deceased alive on **2-11**, 1956, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard R. Coyle, M.D.	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 2/14/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/14/1956	24c. NAME OF CEMETERY OR CREMATORY CARTERVILLE CEMETERY	24d. LOCATION (City, town, or county) (State) CARTERVILLE MO
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DATE REC'D BY LOCAL REG. 2-14-56	REGISTRAR'S SIGNATURE W. H. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME ADDRESS WEBB CITY, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 20 1956
Jasper County Health Office
County File Number 56-2-165
Date Filed FEB 20 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 Richard Gray Lewis

Licensed Embalmer No. 446

P. O. Address Webb

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.