

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9841

State File No. 5777

FILED MAR 26 1956

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 56-56

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL - Equality		c. CITY OR TOWN EUGENE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 YRS		e. STREET ADDRESS (If rural, give location) 5m-56 - EUGENE 06600	
d. FULL NAME OF HOSPITAL OR INSTITUTION SMI SO EUGENE			

3. NAME OF DECEASED a. (First) Andrew b. (Middle) JACKSON c. (Last) BLACKBURN			4. DATE OF DEATH (Month) (Day) (Year) MARCH - 14 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9 Sept 1875	9. AGE (In years) (at birth) 80 (80)	IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-FARMER		10b. KIND OF BUSINESS OR INDUSTRY Gen-FARMING	11. BIRTHPLACE (City and State or Foreign Country) MILLER - Co - Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William-Blackburn		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CADONA-Spaulding-Blackburn	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Nile-Blackburn		ADDRESS EUGENE Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3 HOURS
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) L	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) NONE	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE D. S. Humphrey	23b. ADDRESS 300 PARK ST Tuscumbia Mo	23c. DATE SIGNED 15 MARCH 56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 15 MARCH 56	24c. NAME OF CEMETERY OR CREMATORY EUGENE
24d. LOCATION (City, town, or county) (State) MILLER - Co Mo		

DATE REC'D BY LOCAL REG March 15 - 56	REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach	25. FUNERAL DIRECTOR'S SIGNATURE Keith McKays	ADDRESS ELDON Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Keith McKays*

Licensed Embalmer No. *39*

P. O. Address *Eldon*

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.