

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23530**

FILED JUL 30 1956

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 17

0461

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

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains,</u>		c. CITY OR TOWN <u>West Plains</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>x</u>		e. STREET ADDRESS (If rural, give location) <u>119 Summitt</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie Jeannette Blackburn</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>7-11-56</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10-29-1891</u>
9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tecumseh, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Robert Dougherty</u>	13b. MOTHER'S MAIDEN NAME <u>Queen King</u>	14. NAME OF HUSBAND OR WIFE <u>O. O. Blackburn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>x</u>	16. SOCIAL SECURITY NO. <u>Yes</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O. O. Blackburn, West Plains, Mo</u>	
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) <u>Pulmonary infection</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Contusion to chest wall 5 days</u> DUE TO (c) <u>fall in the home</u> 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"/>	
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) <u>046</u>	
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?	
22. I hereby certify that I attended the deceased from <u>7/8</u> , 19 <u>56</u> to <u>7/11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7/11</u> , 19 <u>56</u> and that death occurred at <u>11:15 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. S. Fowler M.D.</u>		23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>7/20/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-17-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>
DATE REC'D BY LOCAL REG. <u>7-24-56</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertsons, West Plains, Mo</u>	

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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 *J. J. Roberts*

Licensed Embalmer No. *347*.....
P. O. Address *West Hill*.....

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.