

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7579**

FILED APR 1 - 1957

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **111**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE MO c. COUNTY Mississippi	
b. CITY OR TOWN Columbia Mo.		c. CITY OR TOWN Charleston Mo	
c. LENGTH OF STAY (in this place) 5 hrs 15 min		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 University Medical Center		e. STREET ADDRESS (If rural, give location) Route 2 0670	

3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) Edward c. (Last) Blackmon			4. DATE OF DEATH (Month) (Day) (Year) March 19 57		
5. SEX 2 Male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	
8. DATE OF BIRTH 2/11/46		9. AGE (In years last birthday) 11		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)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Champane Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Lewis Blackmon		13b. MOTHER'S MAIDEN NAME Mamie Smith	
14. NAME OF HUSBAND OR WIFE		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. -	

17. INFORMANT'S SIGNATURE OR NAME Lewis Blackmon - Charleston Mo		ADDRESS	
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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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute congestive failure		DUPLICATE (b) Probable rheumatic heart disease		3 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) hepatic enlargement			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac enlargement and					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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)	
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 **12:50 a.m. 3-19 1957**, to **5:00 a.m. 3-19 1957**, that I last saw the deceased alive on **March 19, 1957**, and that death occurred at **5:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Helen M. Waiches (Degree or title) M.D.		23b. ADDRESS University of Missouri Hospital Columbia Missouri		23c. DATE SIGNED 3/19/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 24, 1957		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) Charleston, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE Mrs. F. J. Sparks		ADDRESS Charleston, Mo.	

DATE REC'D BY LOCAL REG. Mar 29 1957		REGISTRAR'S SIGNATURE Mrs R E Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. F. J. Sparks ADDRESS Charleston, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

31-0

VS DEC 13 1960

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.....

Edward H. Puffer

Licensed Embalmer No. 5022
2501 Poplar St.
P. O. Address Cairo, Ill.

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.