

STANDARD CERTIFICATE OF DEATH

34731

STATE FILE NUMBER

FILED OCT 24 1957

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 247

800
-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Mexico	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) 312 E. Pleasant	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b 35 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Alma Middle M. Last Blackburn			4. DATE OF DEATH Month Oct. Day 16, Year 1957		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 9, 1901	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during last week (if even if retired)) Ladies ready to wear	10b. KIND OF BUSINESS OR INDUSTRY retail	11. BIRTHPLACE (City and state or country) Montgomery, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Spears	13b. MOTHER'S MAIDEN NAME Carrie Aylor	14. NAME OF HUSBAND OR WIFE Russell Blackburn
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ?	17. INFORMANT Russell Blackburn	Address Mexico, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1) Metastatic Carcinoma of Left Lung. 2) Metastatic Carcinoma of 9th dorsal vertebra and 2nd & 3rd lumbar vertebrae. Radical Mastectomy		INTERVAL BETWEEN ONSET AND DEATH 9 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma Left Breast	9 weeks
	DUE TO (c) Carcinoma Left Breast	18 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____ STATE _____
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21. I attended the deceased from June 1955 to Oct 16 57 and last saw her alive on Oct 16-57 Death occurred at 10-16-57 Audrain County Hosp on the date stated above; and to the best of my knowledge, from the causes stated.
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21a. SIGNATURE (Degree or title) Dr. Amy F. O'Brien M.D.	21b. ADDRESS Merper Merper	21c. DATE SIGNED 10-16-57
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23a. BURIAL, CREMATION, REPOY (Specify) Burial	23b. DATE Oct. 16, 57	23c. NAME OF CEMETERY OR CREMATORY Montgomery	23d. LOCATION (City, town, or county) (State) Montgomery City, Mo.
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24. FUNERAL DIRECTOR Precht-Houston	ADDRESS Mexico, Mo.	25. DATE RECD. BY LOCAL REG. Oct 16-1957	26. REGISTRAR'S SIGNATURE Blanche Steely
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

