

REGISTRATION DISTRICT NO. 1 Primary Registration District No. 3000 Registrar's No. 214

MICHIGAN DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-023975

FILED VS JUL 20 1959

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 3 wks.		c. CITY OR TOWN Kirksville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Ost. Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) W. Jefferson		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Laura Blacksmith				4. DATE OF DEATH Month 7 Day 15 Year 59									
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/4/08		9. AGE (last birthday) 51		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator				10b. KIND OF BUSINESS OR INDUSTRY Retail		11. BIRTHPLACE (City and state or country) Novinger, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Saul Phillips				13b. MOTHER'S MAIDEN NAME Patsy Elizabeth Cross				14. NAME OF HUSBAND OR WIFE Antonio Blacksmith					
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 Mrs. Lowell Reese-Novinger Address Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mitochondrial malady										INTERVAL BETWEEN ONSET AND DEATH 2 months			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) carcinoma of breast										2 years			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.)									
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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					
21. I attended the deceased from June 1959 to July 15, 1959 and last saw her alive on July 15, 1959 Death occurred at 7:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Mrs. L. Reese-Novinger</i> (Degree or title)						22b. ADDRESS Kirksville Mo			22c. DATE SIGNED 7-15-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 17, 1959		23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kirksville, Adair, Mo.							
24. FUNERAL DIRECTOR Davis & Davis ADDRESS Kirksville, Mo.				25. DATE RECD. BY LOCAL REG. 7-16-1959		26. REGISTRAR'S SIGNATURE <i>Doris W. Ratliff</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. T. GUTENSOHN, D. O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert B. Haver

Licensed Embalmer No. 421
P. O. Address Licks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.