URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033051
STATE FILE NUMBER

FILED VS SEP 24 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 285

ENDED

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal
Length of stay in Ib:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 212 Cypress Street
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 212 Cypress Street
Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: John Middle: William Last: Blackstun
4. DATE OF DEATH: Month: Sept Day: 8 Year: 1959
5. SEX: M
6. COLOR OR RACE: W
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 9-23-91
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months: 11 Days: 15
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Intl Shoe Co
11. BIRTHPLACE (City and state or country): Clarksville Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Wm. Blackstun
13b. MOTHER'S MAIDEN NAME: Alice McIntyre
14. NAME OF HUSBAND OR WIFE: Ora Love Blackstun
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Ora Love Blackstun Address: Hannibal Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of R. Lung — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Larynx. — 4 yrs
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 Sept. 1955, to Sept. 8 1959 and last saw him alive on Sept 6 1959
Death occurred at 7:30PM m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Glenn R Miller D.O. (Degree or title)
22b. ADDRESS: Hannibal, Mo.
22c. DATE SIGNED: Sep 11 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-12-59
23c. NAME OF CEMETERY OR CREMATORY: Grandview Burial Park
23d. LOCATION (City, town, or county) (State): Hannibal Marion Missouri
24. FUNERAL DIRECTOR: Smith's Funeral Home ADDRESS: Hannibal Mo.
25. DATE RECD. BY LOCAL REG.: 9/9-1959
26. REGISTRAR'S SIGNATURE: E M Rucker By H C Fisher

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W Crawford Smith

Signature of Student Embalmer

Licensed Embalmer No. 3814

P. O. Address Hannibal Miss

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