

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-044200

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1287

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 2 1962

1. PLACE OF DEATH
 a. COUNTY GREENE
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Length of stay in 1b 4 HRS.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE-PROTESTANT HOSP. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY POLK
 c. CITY OR TOWN BOLLIVAR Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
HOLLIS CECIL BLACKETER DECEMBER 19, 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH AUG 12, 1911 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
50 Months Days 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 country) 12. CITIZEN OF WHAT COUNTRY
RETIRED CARPENTER CARPENTRY MISSOURI U. S. A.

13a. FATHER'S NAME ELMER DAVID BLACKETER 13b. MOTHER'S MAIDEN NAME STELLA REEVES 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) NO 17. INFORMANT Address
MRS. OTIS BLACKETER FAIRLAX MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arterial Embolus, Femoral Artery, Left INTERVAL BETWEEN ONSET AND DEATH 6 hours
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auricular fibrillation unknown
 DUE TO (c) Rheumatic heart disease several years

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 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 Month, Day, Year
 s.m. p.m. —

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 5 JULY 1961 to 19 DEC 1961 and last saw ^{her} him alive on 19 DEC 1961
 Death occurred at 12:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Samuel E. Helmes M.D. 22b. ADDRESS 600 S. GLENSTONE, SPRINGFIELD 22c. DATE SIGNED 27 DEC 61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 12-24-61 23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY 23d. LOCATION (City, town, or county) (State) BOLLIVAR MO.

24. FUNERAL DIRECTOR ADDRESS Adney J. Petts - Bolivar, Mo 25. DATE RECD. BY LOCAL REG. 12-28-61 26. REGISTRAR'S SIGNATURE Effie S. Melton

JAN 2 1962

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 *Sidney Pitts*

Licensed Embalmer No. 4939

P. O. Address Bol. Mo

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.