

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-009817  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 76

FILED APR 9 1962

VS 300 Rev. 4/59  
1 0070  
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DATE AMENDED  
INSTEAD OF  
SHOULD READ  
ITEM NO.

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Pleasant Twp.</b>		Length of stay in 1b <b>18 Months</b>	c. CITY OR TOWN <b>Adrian</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pine Tree Rest Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Geneva</b> Middle <b>May</b> Last <b>Blackmon</b>			4. DATE OF DEATH Month <b>April</b> Day <b>3</b> Year <b>1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-14-88</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Montgomery Co. Kans.</b>	9. AGE (last birthday) <b>74</b> IF UNDER 1 YEAR Months <b>1</b> Days <b>19</b> IF UNDER 24 HR Hours <b></b> Min. <b></b>
13a. FATHER'S NAME <b>Henry Clay Limpus</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Carol Gillispie</b>	14. NAME OF HUSBAND OR WIFE <b>Vilas E. Blackmon</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT <b>B.B. Limpus, Archie, Mo.</b> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Broncho - pneumonia</b> DUE TO (b) <b>pneumonia</b> DUE TO (c) <b>General Debility</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Myocardial Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
21. I attended the deceased from <b>July 8, 1961</b> to <b>April 1, 1962</b> and last saw her alive on <b>April 1, 1962</b> Death occurred at <b>8:30 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION <b>Adrian, Mo.</b>	COUNTY STATE
22a. SIGNATURE <b>Carter V. Ruten MD</b>		22b. ADDRESS <b>Bates, Mo.</b>	22c. DATE SIGNED <b>4-4-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-5-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Adrian, Mo.</b>
24. FUNERAL DIRECTOR <b>Six Funeral Service, Adrian, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-5-62</b>	26. REGISTRAR'S SIGNATURE <b>Norma Jean Wilson</b>

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

APR 11 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 \_\_\_\_\_  
*Glaude L. J.*

Licensed Embalmer No. 3650

P. O. Address Adrian, 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.