MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-003010
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0890
2 0890 2
3
4 0
5 2
6
7 0
8 2
9 4201
10
11
12 1-0
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 12

FILED FEB 6 1963

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township
Length of stay in 1b: Hours?
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Hospital
Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First Albert Middle J. Last Blackwell

4. DATE OF DEATH: Month January Day 23 Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-13-1875
9. AGE (last birthday): 87
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): Retired mail carrier
10b. KIND OF BUSINESS OR INDUSTRY: --- ----------
11. BIRTHPLACE (City and state or country): Napoleon, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Blackwell
13b. MOTHER'S MAIDEN NAME: Anne Ball
14. NAME OF HUSBAND OR WIFE: Lillie (Willian) Blackwell (dec)

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: R.H. Willian, Henrietta, Missouri (Address)

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diarrhea & dehydration
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: hrs. days
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 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

MEDICAL CERTIFICATION

21. I attended the deceased from 1-22-63 to 1-23-63 and last saw him alive on 1-23-63
Death occurred at 1-23-63 3:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS: Richmond, Missouri
22c. DATE SIGNED: 1-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-26-1963
23c. NAME OF CEMETERY OR CREMATORY: Sunny Slope Cemetery
23d. LOCATION (City, town, or county) (State): Richmond, Missouri

24. FUNERAL DIRECTOR ADDRESS: Thomas J. Carter, Richmond, Mo.
25. DATE RECD. BY LOCAL REG.: 1-27-1963
26. REGISTRAR'S SIGNATURE: Maud Jackson

BY AFFIDAVIT OF DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1963

MAR 11 1963

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.