

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

143167

State File No.

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4485 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before death, give institution name and location) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lorin - Rural</u>		c. LENGTH OF STAY (in this place) <u>entire life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lorin - Rural</u>		79
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Lorin Mo</u>			d. STREET ADDRESS (If rural, give location) <u>Scotland Co Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Eliza</u> c. (Last) <u>Bleything</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27 - 1948</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct 4 - 1866</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Davis Co. Ia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Ezekiel Downey</u>		13b. MOTHER'S M maiden NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Bleything</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, No, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Geo. Bleything, Memphis Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. <u>95D</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>age and past infection</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>20 Mo</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb</u> , 1947, to <u>Dec 27</u> , 1948, that I last saw the deceased alive on <u>20</u> , 1948, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>L. E. Lowe D.D.</u>			23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>11/29/48</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 28 - 48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Scotland Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/30/48</u>		REGISTRAR'S SIGNATURE <u>OTR Baker 407</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>North Park St Memphis Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 1-44-25

Date Filed JAN 4 - 1949

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.

Signed Fred Smith Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 4258

P. O. Address Memphis Tenn

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 this body is not embalmed, fact should be so stated above.