

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16776

BIRTH NO. _____		REG. DIST. NO. 257		PRIMARY REG. DIST. NO. 4389		Registrar's No. 11		
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn</u>		c. LENGTH OF STAY (in this place) <u>all life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>none</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Iuster</u> c. (Last) <u>Bledsue</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26, 1949</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 5, 1875</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Van Buren, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Con Bledsue</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie Blair</u>			14. NAME OF HUSBAND OR WIFE <u>Lavina Stiefferman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lavina S. Bledsue</u> ADDRESS <u>Linn, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension chronic</u> DUE TO (c) <u>Pneumococcosis</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>4 hrs</u> <u>10 yrs</u> <u>25 yrs</u> <u>4 1/2</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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>4-6-</u> , 19 <u>49</u> , to <u>4-26-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-25-</u> , 19 <u>49</u> , and that death occurred at <u>5 a m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Norman W. Baldwin, D.O.</u>				23b. ADDRESS <u>Linn, Mo.</u>		23c. DATE SIGNED <u>5/27/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 28, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Georges</u>		24d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5/28/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Linn, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed JUN 8 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.....

Vernon M. Morton

Signed.....
Student Embalmer

Licensed Embalmer No. *4125*

P. O. Address *Levin Ave*

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.