

FILED JUN 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16502

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>122</u>		PRIMARY REG. DIST. NO. <u>4201</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>REPUBLIC</u>		c. LENGTH OF STAY (In this place) <u>7 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>REPUBLIC</u>		D390	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME ON ELM ST.</u>				d. STREET ADDRESS (If rural, give location) <u>HOME ON ELM STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>MONROE</u> c. (Last) <u>BLADES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1950</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>Feb. 3-1876</u>		9. AGE (In years last birthday) (Specify) <u>74</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 5 YRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Greene Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN BLADES</u>		13b. MOTHER'S MAIDEN NAME <u>POLLY FRENCH</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA BROWNING, BLADES</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS? <u>RALPH BLADES, Rt.#2, BILLINGS, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma of stomach</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  151X						
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>October, 1949</u> , to <u>May, 1950</u> , that I last saw the deceased alive on <u>May 17, 1950</u> , and that death occurred at <u>11:55 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Karl L. Leidinger, Jr., M.D.</u>				23b. ADDRESS <u>Billings, Mo.</u>		23c. DATE SIGNED <u>5-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>May 21-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WADE CHAPEL</u>		24d. LOCATION (City, town, or county) (State) <u>GREENE CO. MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>May 21-1951</u>	REGISTRAR'S SIGNATURE <u>Glenn Brittain</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>	ADDRESS <u>Clever, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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**RECEIVED**

Greene County Health Office,

County File Number 50-5-29

Date Filed 5-29-50

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**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 John Dean Harris.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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 this body is not embalmed, fact should be so stated above.