

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36031

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 5007		Registrar's No. 301		
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R. 2-Brashear			c. LENGTH OF STAY (in this place) 14 mos.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brashear Rural				
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. 2-Brashear				d. STREET ADDRESS (If rural, give location) R. R. #2				
3. NAME OF DECEASED (Type or Print) a. (First) Etta			b. (Middle) Blodgett		c. (Last) Wilford		4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH June 24, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Schuyler County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Davis			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE R.B. Wilford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leo Blodgett, Kirksville, Mo.				
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis				with 3 days				
*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis Occlusion				3 years				
DUE TO (c) Cardio-vascular-renal disease				10 years				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				442X				
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) m.		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 July 29, 1950, to Nov. 6, 1950, that I last saw the deceased alive on Nov. 6, 1950, and that death occurred at 11:45 P. M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Howard E. Gross, D.O.				23b. ADDRESS Kirksville, Missouri		23c. DATE SIGNED 11-9-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/10/50	24c. NAME OF CEMETERY OR CREMATORY Tarr Cemetery		24d. LOCATION (City, town, or county) (State) Schuyler Co., Mo.			
DATE REC'D BY LOCAL REG. 11-9-50		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul H. Riley, Kirksville, Mo.				

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

Date Received: NOV 13 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-190
Date Filed: NOV 14 1950

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

Glen A. Gibbons

working under my personal supervision.

Student Embalmer No.....

Signed

Glen A. Gibbons

Signed.....
Student Embalmer

Licensed Embalmer No. 4624

P. O. Address Kirksville, Missouri

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.