

FILED FEB 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2189
State File No.
Registrar's No. 41

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. CITY (If outside corporate limits, write RURAL and give township) Moberly	
d. FULL NAME OF HOSPITAL OR INSTITUTION 419 Franklin Avenue		d. STREET ADDRESS (If rural, give location) 419 Franklin Avenue	

3. NAME OF DECEASED (Type or Print) Stella		a. (First)		b. (Middle)		c. (Last) Blades		4. DATE OF DEATH (Month) (Day) (Year) 1/31/51	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 1/31/1868		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Monroe County Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME W. H. Palmer		13b. MOTHER'S MAIDEN NAME Martha Palmer		14. NAME OF HUSBAND OR WIFE E. G. Blades	
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clede Wilson	
				ADDRESS Moberly, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u>			?	
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X	

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) (Min.)		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 1947, 1947, to Jan 31, 1951, that I last saw the deceased alive on Jan 31, 1951, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Fleming</u>		(Degree or title)		23b. ADDRESS <u>Moberly, Mo.</u>		23c. DATE SIGNED <u>Feb 1 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>2/4/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trenton</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton, Texas</u>	
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DATE REC'D BY LOCAL REG. <u>2-4-51</u>		REGISTRAR'S SIGNATURE <u>Charles Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William G. Williams</u>		ADDRESS <u>Moberly, Mo.</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Date Received: FEB 12 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-57-30
Date Filed: FEB 14 1951
FEB 17 1951

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
Student Embalmer

Signed *Marion E. Gilliam*

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.