

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7713

BIRTH NO. _____		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 4071		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY <u>Candlen</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Candlen</u>			
b. CITY OR TOWN <u>Candlen</u>				c. CITY OR TOWN <u>Candlen</u> 0150			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Horne</u>				d. STREET ADDRESS (If rural, give location) <u>Gen Oak</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u> b. (Middle) <u>Angeline</u> c. (Last) <u>Bledsoe</u>				4. DATE OF DEATH (Month) <u>Mar</u> (Day) <u>19</u> (Year) <u>1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 9 - 1903</u>	
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		11. BIRTHPLACE (State or foreign country) <u>Maysville, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Arch R Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Muriel Eggleston</u>		14. NAME OF HUSBAND OR WIFE <u>Carl Allen Bledsoe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-14-5638</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harshel Bledsoe</u> ADDRESS <u>Candlen, 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 INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Obstruction of Bowels</u>				DUE TO (b) <u>Carcinoma of Omentum & Mesentery</u> <u>several months</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Carcinoma of Uterus</u>				174 X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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 <u>Nov 23, 1900</u> , to <u>March 19, 1951</u> , that I last saw the deceased alive on <u>March 19, 1951</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter Amey, M.D.</u> (Degree or title)				23b. ADDRESS <u>Candlen, Mo</u>		23c. DATE SIGNED <u>3-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laughlin</u>		24d. LOCATION (City, town, or county) (State) <u>Candlen CO MO</u>	
DATE REC'D BY LOCAL REG. <u>Mar 20-1951</u>		REGISTRAR'S SIGNATURE <u>Zilpha Draw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banknow-Woolery</u> ADDRESS <u>Candlen, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-26-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-26-51 _____

APR 5 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 Philip Burkton Woolery

Licensed Embalmer No. 2488

P. O. Address Hamden, Ct.

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.