S. No. 300
Rev. 10.48

2220

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7823

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ozark Mo
c. LENGTH OF STAY (In this place): 80 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ozark Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ozark Mo 0225
d. STREET ADDRESS (If rural, give location): Ozark½ Mo

3. NAME OF DECEASED (Type or Print): a. (First) Francis b. (Middle) — c. (Last) Garrison
4. DATE OF DEATH (Month) Feb (Day) 20 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 19, 1850
9. AGE (In years last birthday): ~~100~~ 99 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virgina
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME: Newt Bledsoe
13b. MOTHER'S MAIDEN NAME: Francis Bledsoe
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Gussie Eldridge — ADDRESS: Ozark Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 mos.

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. 4200

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1951, *to* Feb 20, 1951, *that I last saw the deceased alive on* Feb 17, 1951, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R D Roper (Degree or title) M.D.
23b. ADDRESS: Ozark, Mo
23c. DATE SIGNED: 21 Feb 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 22, 1951
24c. NAME OF CEMETERY OR CREMATORY: Linden
24d. LOCATION (City, town, or county): Christian (State): Mo

DATE REC'D BY LOCAL REG.: Mch 8-1951
REGISTRAR'S SIGNATURE: Loretta Leonard
25. FUNERAL DIRECTOR'S SIGNATURE: T. R. Chaffin — ADDRESS: Ozark, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 13 1951

Dist. File 35-566

Date Filed 3-16-51

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed T. B. Chaffin

Signed .....
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.