

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29702**

FILED SEP 25 1951

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 3781		Registrar's No. 75	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived, or institution of residence before death) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Applecreek		c. LENGTH OF STAY (In this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Applecreek		01/12	
d. FULL NAME OF HOSPITAL OR INSTITUTION Two Miles S. Oak Ridge				d. STREET ADDRESS (If rural, give location) Two miles South Oak Ridge			
3. NAME OF DECEASED (Type or Print) a. (First) JENNIE			b. (Middle) BLADES		c. (Last)		4. DATE OF DEATH Month Sept Day 19 Year 1951
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Nov. 3, 1872	9. AGE (In years, last birthday) 78		10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY no business		11. BIRTHPLACE (State or foreign country) Malden Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME H. E. Davis		13b. MOTHER'S MAIDEN NAME Augustine Hodge		14. NAME OF HUSBAND OR WIFE Oscar Blades			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Garland Powell Oak Ridge Mo. ADDRESS _____			
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) Cerebral Hemorrhage of Striatum 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.				INTERVAL BETWEEN ONSET AND 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) _____		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 Sept 16, 1951 , to Sept 18, 1951 , that I last saw the deceased alive on Sept 18, 1951 , and that death occurred at 9:40 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE A. D. Blacklock D. (Degree or title)				23b. ADDRESS Oak Ridge Mo.		23c. DATE SIGNED 7-18-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Malden Cemetery		24d. LOCATION (City, town, or county) (State) Malden Mo.	
DATE REC'D BY LOCAL REG. Sept 20 1951		REGISTRAR'S SIGNATURE D. G. Seiber 43		25. FUNERAL DIRECTOR'S SIGNATURE G. Miller Jackson ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 24 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 Lynwood Steele

Licensed Embalmer No. 2476

P. O. Address Jackson, 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.