

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29771**
Registrar's No. **42**

FILED SEP 26 1951

REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **4124**

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

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) Kahoka		c. CITY (If outside corporate limits, write RURAL and give township) Alexandria, Tenn	
c. LENGTH OF STAY (In this place) 3 wks		d. STREET ADDRESS (If rural, give location) Webb Nursing Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) Sept 17 1951	
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Fulton c. (Last) O'BLENESS		5. SEX male 6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unmarried		8. DATE OF BIRTH Oct. 21 1868	
9. AGE (In years less than day) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Alexandria Mo. U.S.A.	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Thomas O'Bleness	
13b. MOTHER'S MAIDEN NAME Sarah B. Lock		14. NAME OF HUSBAND OR WIFE Jennie O'Bleness	
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 Murray O'Bleness		ADDRESS Kahoka	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage	
ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
DUE TO (c)		year	
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 331X	
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)		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 Aug. 28, 1951 , to Sept 17, 1951 , that I last saw the deceased alive on Sept. 17, 1951 , and that death occurred at 12:45 pm. , from the causes and on the date stated above.			
23a. SIGNATURE Perry S. Barton D.O.		23b. ADDRESS Kahoka, Mo	
23c. DATE SIGNED 9-18-51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept. 19 1951	
24c. NAME OF CEMETERY OR CREMATORY Kahoka Cem.		24d. LOCATION (City, town, or county) (State) Kahoka Mo.	
DATE REC'D BY LOCAL REG. 9/21-51		REGISTRAR'S SIGNATURE J. H. Reigro	
25. FUNERAL DIRECTOR'S SIGNATURE Gettysburg Ind. Kahokan		ADDRESS	

Date Received: **SEP 25 1951**
DISTRICT HEALTH OFFICE #2
District File Number *9-51-1702*
Date Filed: **SEP 25 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 *Otto L. Lutting*.....

Licensed Embalmer No. *2963*.....

P. O. Address *Lurray 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.