

FILED OCT 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 343411

320

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>320</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Marion</u>		b. STATE <u>Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monroe</u>		d. STREET ADDRESS (If rural, give location) <u>Sumner Rd 20690</u>			
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Township</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>ARZELIA</u>		b. (Middle) <u>-</u>		c. (Last) <u>Bloodgood</u>		
4. DATE OF DEATH (Month) (Day) (Year)		<u>Oct 6. 1951</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>SEPT 1. 1884</u>			
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR <u>5</u> Months <u>5</u> Days		IF UNDER 12 HRS. <u>5</u> Hours <u>0</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>			11. BIRTHPLACE (State or foreign country) <u>Monroe County Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Pete Bloodgood</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Elizabeth Ascraft</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>NO</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Aggie Burdett Monroe City Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis Hepatic Artery</u>						
			ANTECEDENT CAUSES						
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____		
			DUE TO (c) _____				:584X		
			II. OTHER SIGNIFICANT CONDITIONS				UNKNOW		
Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombi in Rt Atrium INFARCT of LUNG.</u>									
19a. DATE OF OPERATION <u>2 Oct 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>GALL STONES - Adhesions. Scleriosis of liver</u>						20. AUTOPSY? YES <input checked="" 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 <u>26 SEPT, 1951</u> , to <u>6 Oct, 1951</u> , that I last saw the deceased alive on <u>15 Oct, 1951</u> , and that death occurred at <u>8 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>George Johnson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Monroe City, Mo</u>		23c. DATE SIGNED <u>16 Oct 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stoutsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoutsville Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-8-51</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Luck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Sons</u>		ADDRESS <u>Monroe City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 12 1951
MARION CO. HEALTH DEPT.
DATE FILED OCT 12 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 me

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe, Okla 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.