

No. 300  
10-48

FILED MAY 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13608**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **17**

671

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

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Miss.</b>	
b. CITY OR TOWN <b>East Prairie, Mo</b>		c. CITY OR TOWN <b>East Prairie, Mo</b>	
c. LENGTH OF STAY (In this place) <b>20 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>615 N. Martin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>302 Washington</b>			

3. NAME OF DECEASED (Type or Print) <b>MATILDA W. BLOOD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 22, 1952</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug 23, 1885</b>		9. AGE (In years last birthday) <b>66</b>		If UNDER 1 YEAR Months Days		If UNDER 18 Hrs. Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>			11. BIRTHPLACE (City and State or Foreign Country) <b>Charleston, Mo</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>William M. Lee</b>			13b. MOTHER'S MAIDEN NAME <b>Rose Leobe</b>			13c. NAME OF HUSBAND OR WIFE <b>Edward S. Blood</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cathleen Friese</b> ADDRESS <b>East Prairie, Mo</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<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) <b>Chronic myocarditis</b>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c)							
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 **9-14, 1951**, to **4-22, 1952**, that I last saw the deceased alive on **4/18, 1952**, and that death occurred at **1:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>P. H. Whitaker, M.D.</b>		23b. ADDRESS <b>East Prairie, Mo</b>		23c. DATE SIGNED <b>4/25/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 24, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>Charleston, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>4-30-52</b>		REGISTRAR'S SIGNATURE <b>Gertrude S. Harper</b>		GENERAL DIRECTOR'S SIGNATURE <b>Edw. Shelby</b>		ADDRESS <b>East Prairie, Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

MAY 1 REC'D

RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed MAY 5 1952

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prarie, 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.