5 73		INE UN		ALTH OF MISSON				17217
D MAY 26	1952	STAND	ARD CERTIF	EICATE OF DEA	ATH	State	File No	
IRTH NO		_ REG. DIST.	NO. 207	PRIMARY REG. DIST.	NO. 73	19 Regis	Irar's No	227
1. PLACE OF DEA	тн			2. USUAL RESID	ENCE (Whe	re deceased liv		tution: residence b
a. COUNTY Maj	ries	•		Mis	souri		Mar	ies
b. CITY (If outside co OR TOWN Be]	_	URAL and give township	c. LENGTH OF STAY (in this place life	c. CITY (If outside so OR TOWN Bell		rite RURAL as		30
d. FULL NAME OF (HOSPITAL OR INSTITUTION	If not in hospital or li	estitution, give stree	st address or loostion)	d. STREET ADDRESS	(If rural, giv	e location)		0
3. NAME OF DECEASED	a. (First)	b	. (Middle)	c. (Last)	4	DATE	(Month)	(Day) (Year
(Type or Print)	MINTIE		LIVER	BLEDSO	E	OF DEATH M	ay l	6 , 1952
5. SEX / 6. Femāle / 6.	color or RACE white	7. MARRIED, N WIDOWED, D Marri	IEVER MARRIED, DIVORCED (Spedity)	Mar. 14,	1893	AGE (In yea last bizthday)	Months	Paye Hours M
0a. USUAL OCCUPATION	ON (Give kind of work	10b. KIND OF	BUSINESS OR IN-		ty and State of			2. CITIZEN OF W
House W	10	on ho		Scotland	County	Miss	ouri	This
Ba. FATHER'S NAME		136. (MOTHER'S MAIDEN	NAME	14. NAME	OF HUSBAN	OR WIFE	
Willard	Oliver ·		aura All	. 1		<u>en 0.</u>		
5. WAS DECEASED EVE You be or unknown) (U	R IN U.S. ARMED		SOCIAL SECURITY	1		URE OR N		ADDRES
Yes. no. or unknown) (II				A. 6. Bl	edsoe		Bell	e, Mo.
8. CAUSE OF DEATH Inter only one cause per	I, DISEASE OR C	ONDITION	MEDICAL	CERTIFICATION	- Luc	in		INTERVAL BETWE ONSET AND DEAT
8. CAUSE OF DEATH	I. DISEASE OR CODIRECTLY LEAD ANTECEDENT CO. Morbid conditionation ties to the above of the underlying continues.	AUSES s, if any, gloing D ause (a) stating use last.	a) Coro		elus (Het	ion	<u>()</u>	INTERVAL BETWE
8. CAUSE OF DEATH Enter only one cause per time for (a), (b), and (c) *This does not mean he mode of dying, such s heart failure, asthenia, te. It means the dis-	ANTECEDENT C. Morbid conditions rise to the above of the underlying con-	AUSES s, if any, giving D ause (a) stating use last. D	DUE TO (b) COLUMN TO (C) CONS		clus	ion	<u>(a)</u>	INTERVAL BETWE ONSET AND DEAT
8. CAUSE OF DEATH Enter only one cause per me for (a), (b), and (c) *This does not mean he mode of dying, such s heart failure, asthenia, te. It means the dis- ase, injury, or complica-	ANTECEDENT C. Morbid conditions rise to the above of the underlying con-	AUSES a, if any, giving Dause (a) stating use last. DIFICANT CONDITION buting to the death use or condition can	DUE TO (b) Called to solve to		clus	ion utsh	(*)4/ 	INTERVAL BETWE ONSET AND DEAT
8. CAUSE OF DEATH Enter only one cause per time for (a), (b), and (c) *This does not mean he mode of dying, such s heart failure, authenta, te. It means the dis- ase, injury, or complica- ton which caused death. Sa. DATE OF OPERA-	ANTECEDENT C. Morbid conditions rise to the above of the underlying cast II. OTHER SIGNII Conditions contril related to the disease 19b. MAJOR FINI	AUSES a, if any, giving Dause (a) stating use last. DFICANT CONDITION that the death use or condition can DINGS OF OPERIO	DUE TO (b) Called to solve to	curoma Bladdur	CHUZ.	153	E) 4/.	8 Mo.
8. CAUSE OF DEATH Enter only one cause per ine for (a), (b), and (c) *This does not mean he mode of dying, such a heart fallure, asthenia, it. It means the dis- ase, injury, or complica- ion which caused death. 9a. DATE OF OPERA- TION	ANTECEDENT C. Morbid condition rise to the above o the underlying car II. OTHER SIGNII Conditions contril related to the disea 19b. MAJOR FINI (Specify)	AUSES s, if any, giving Dause (a) stating use last. DIFICANT CONDITIONATING to the death use or condition can DINGS OF OPERS. 21b. PLACE OF IN. home, farm, factory.	DUE TO (b) ONE TO (c) ONE TO (c) ONE TO (c) ONE TO (c) ONE ONE TO (c) O	curoma Bladder	C SULT	153		8 Mo. 20 AUTOPSY1 YES NO DEA
8. CAUSE OF DEATH Enter only one cause per ine for (a), (b), and (c) *This does not mean he mode of dying, such is heart failure, asthenia, it. It means the dis- ase, injury, or complica- ion which caused death. 9a. DATE OF OPERA- TION 1a. ACCIDENT SUICIDE HOMICIDE 1d. TIME (Month)	ANTECEDENT C. Morbid condition- rise to the above of the underlying can H. OTHER SIGNII Conditions contril related to the disea 19b. MAJOR FINI (Bpacify) (Day) (Year)	AUSES a, if any, giving Dause (a) stating use last. Difficant Condition can but the death use or condition can DINGS OF OPER. 21b. PLACE OF IN. home, farm, factory. (Hour) 21e. IN WHILE A WORK the deceased fr	DUE TO (b) DUE TO (b) DUE TO (c) DUE TO	21c. (CITY, TOWN, OR 21f. HOW DID INJURY 7, 1952-to 7, 25 pm., from	CHUZ	/50 (00	OUNTY)	8 Mo. 20. AUTOPSY1 YES NO (STATE)
8. CAUSE OF DEATH Inter only one cause per ine for (a), (b), and (c) *This does not mean he mode of dying, such a heart fallure, asthenia, te. It means the dis- ase, injury, or complica- ion which caused death. 9a. DATE OF OPERA- TION 1a. ACCIDENT SUICIDE HOMICIDE 1d. TIME (Mosth) OF INJURY 2. I hereby certify	ANTECEDENT C. Morbid condition- rise to the above of the underlying can H. OTHER SIGNII Conditions contril related to the disea 19b. MAJOR FINI (Bpacify) (Day) (Year)	AUSES a, if any, giving pause (a) stating use last. EFICANT CONDITIONING to the death use or condition can DINGS OF OPER. 21b. PLACE OF IN. home, farm, factory. (How) 21e. IN WHILE A WORK. the deceased fr. 2, and that d	DUE TO (b) OUE TO (c) OUE TO	21c. (CITY, TOWN, OR 21f. HOW DID INJURY 7.25 pm., from 1	TOWNSHIP) TOWNSHIP) TOWNSHIP	153 (00)	DUNTY) that I last late stated	SO. AUTOPSY1 YES NO (STATE) Baw the decea above. 20. AUTOPSY1 YES STATE)
8. CAUSE OF DEATH Inter only one cause per ine for (a), (b), and (c) *This does not mean he mode of dying, such a heart fallure, asthenia, te. It means the dis- ase, injury, or complica- ion which caused death. 9a. DATE OF OPERA- TION 1a. ACCIDENT SUICIDE HOMICIDE 1d. TIME (Mosth) OF INJURY 2. I hereby certify alive on	ANTECEDENT C. Morbid conditions rise to the above of the underlying car. II. OTHER SIGNII Conditions contril related to the disease 19b. MAJOR FINI (Bpacity) (Day) (Year) that I attended to the disease 19b. MAJOR FINI	AUSES a, if any, giving pause (a) stating use last. Difficant condition condition condition condition condition conditions, farm, factory. 21b. PLACE OF IN. bome, farm, factory. CHown 21e. IN WHILE A WORK. the deceased fr 2, and that deceased fr	DUE TO (b) DUE TO (b) DUE TO (c) DUE TO	21c. (CITY. TOWN, OR 21f. HOW DID INJURY 7, 19.52, to 7, 25, pm., from 23b. ADDRESS RY OR CREMATORY 10 b	TOWNSHIP) Y OCCURT We causes a 200 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, 1852, ind on the common of t	chat I last late stated	Saw the decear above. 20. Autopsyl yes Mo (STATE) saw the decear above. 23c. Date sign 5 20/5 y/ (State)
8. CAUSE OF DEATH Inter only one cause per ine for (a), (b), and (c) *This does not mean he mode of dying, such a heart fallure, asthenia, it. It means the dis- ase, injury, or complica- ion which caused death. 9a. DATE OF OPERA- TION 1a. ACCIDENT SUICIDE 1d. TIME (Meath) OF INJURY 2. I hereby certify alive on 5 3a. SIGNATURE AA. BURIAL, CREMATION REMOVAL question	ANTECEDENT C. Morbid conditions rise to the above of the underlying car II. OTHER SIGNII Conditions contril related to the disease (Bpacity) (Day) (Year) (Apacity) (Day) (Year) (Apacity) (Day) (Year) (Apacity) (AUSES a, if any, giving pause (a) stating use last. FICANT CONDITION to the death use or condition can be or condition to the deceased from the deceas	DUE TO (b) OUE TO (b) OUE TO (c) OUE TO	21c. (CITY. TOWN, OR 21f. HOW DID INJURY 7, 19,5 2, to 7, 25 0m., from I	TOWNSHIP) Y OCCURT We causes a location of the location of the causes a location of the location of the causes a location of the causes a location of the location of th	, 1822, and on the common Osage	chat I last late stated	Saw the decear above. 20. AUTOPSYT YES MO (STATE) saw the decear above. 23c. DATE-SIGN 5/20/5 TV, MO DRESS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	certificate v	was embalm	ied by i	me, or by
	Student	Entainer	No	,
orking under my personal supervision.	_			_/

. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No.

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.