

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17207

State File No. ....

FILED MAY 26 1952

BIRTH NO. ....		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>1319</u>		Registrar's No. <u>227</u>	
1. PLACE OF DEATH a. COUNTY <u>Maries</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belle</u> c. LENGTH OF STAY (in this place) <u>life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) .....				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belle</u> <u>0630</u> d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINTIE</u> b. (Middle) <u>OLIVER</u> c. (Last) <u>BLED SOE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Mar. 14, 1893</u>		9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR: Months <u>2</u> Days <u>2</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>This</u>		13a. FATHER'S NAME <u>Willard Oliver</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Allen</u>	
14. NAME OF HUSBAND OR WIFE <u>Allen O. Bledsoe</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. ....		17. INFORMANT'S SIGNATURE OR NAME <u>A. O. Bledsoe</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma (Metastatic) of Sall Bladder.</u> 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 <u>155X</u>		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) (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>5/4</u> , 1952, to <u>5/16</u> , 1952, that I last saw the deceased alive on <u>5/16</u> , 1952, and that death occurred at <u>7:25 pm.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Type or Print) <u>F. H. Schowhale</u>	
23b. ADDRESS <u>Belle, Mo.</u>		23c. DATE SIGNED <u>5/20/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Knob</u>		24d. LOCATION (City, town, or county) (State) <u>Osage County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Funeral Home</u>		25. ADDRESS <u>Linn, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-22-52</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Funeral Home</u>		25. ADDRESS <u>Linn, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Vernon Morton*

Licensed Embalmer No. *4125*

P. O. Address *Leam*

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.