

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41468
State File No. _____

FILED JAN 7 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>16</u>		PRIMARY REG. DIST. NO. <u>5076</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY JASPER BARTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-RYCHLAND		c. LENGTH OF STAY (In this place) INSTANT		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION HIWAY 71 BOOST NE OF JASPER				d. STREET ADDRESS (If rural, give location) 2419 RANGE LINE			
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD		b. (Middle) HARRISON		c. (Last) BLADL		4. DATE OF DEATH (Month) (Day) (Year) DEC. 26 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 13 1925		9. AGE (In years last birthday) 27 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKER		10b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS		11. BIRTHPLACE (City and State or Foreign Country) PONCA CITY, OKLAHOMA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME DOUGLAS BLADL			13b. MOTHER'S MAIDEN NAME IDA MICHAEL		14. NAME OF HUSBAND OR WIFE DONAH BLADL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DOUGLAS BLADL 709 BROADWAY JOPLIN			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suppuration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8234					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 006				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richland Township Barton, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 26-1952 12:00 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Autodrift Road over embankment			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE W. S. Harmon (Degree or title) 3				23b. ADDRESS Carroll Lewis Mo.		23c. DATE SIGNED 12/27/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-29-52	24c. NAME OF CEMETERY OR CREMATORY O'BORNE MEMORIAL		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI		
DATE REC'D BY LOCAL REG. Dec. 29-1952		REGISTRAR'S SIGNATURE Hazel H. Pugh		25. FUNERAL DIRECTOR'S SIGNATURE 150		ADDRESS STEVE PARKER MORTUARY JOPLIN, MO.	

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

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MAR 4 1953

JAN 11 1953

MAR 11 1953

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.