

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17650**
Registrar's No. **504**

FILED JUN 1-1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2012 N. Main		e. STREET ADDRESS (If rural, give location) 2012 N. Main	
3. NAME OF DECEASED (Type or Print) IOWA		a. (First) IOWA	b. (Middle) _____
c. (Last) BLACKLEDGE		4. DATE OF DEATH (Month) (Day) (Year) May 26 1953	0396
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9 Nov. 1876
9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Engineer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Franklin Blackledge	
13b. MOTHER'S MAIDEN NAME Margaret Riggins		14. NAME OF HUSBAND OR WIFE Lula Blackledge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lula Blackledge Springfield, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 9 mo	
ANTECEDENT CAUSES DUE TO (b) Carcinoma prostate		12 months	
DUE TO (c) Arteriosclerotic heart disease		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 177X		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 <u>1-11-</u> <u>1949</u> , to <u>5-26-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-26-</u> <u>1953</u> and that death occurred at <u>12:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Amk Klingner</i>		(Degree or title) MD	23b. ADDRESS 1630 N. Jefferson
23c. DATE SIGNED 5-26-53		24. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-28-53	24c. LOCATION (City, town, or county) (State) Springfield Mo.	24d. LOCATION (City, town, or county) (State) Springfield Mo.
DATE REC'D BY LOCAL REG. 5/29/53	REGISTRAR'S SIGNATURE <i>Earl Williams</i>	Deputy Registrar	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. KLINGNER & CO. Springfield, Mo.

JUL 1 1908

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.....
Signature of Student Embalmer

Signed *J. B. Langner*.....
Licensed Embalmer No. 3358.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.