

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17651

State File No.

LED JUN 8 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 512

1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Springfield</u> c. LENGTH OF STAY (in this place) <u>63 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>529 East Chase</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> <u>0396</u> d. STREET ADDRESS (If rural, give location) <u>529 East Chase</u> <u>0</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>SALLIS</u> b. (Middle) <u>MONROE</u> c. (Last) <u>BLADES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1953</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 9, 1876</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Odd jobs & Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greene Co., Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>G. P. Blades</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Ray</u>	14. NAME OF HUSBAND OR WIFE <u>Gertie Combs Blades</u>
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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) <u>no</u> <u>no</u>	16. SOCIAL SECURITY NO. <u>496-10-6581</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Gertie Blades, Springfield, Mo.</u>
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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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
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19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 5-19, 1953, to _____, 19____, that I last saw the deceased alive on 5-19, 1953, and that death occurred at 10:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Michael Kelanko MD</u>	23b. ADDRESS <u>1630 N. Jefferson</u>	23c. DATE SIGNED <u>5-29-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prospect Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Ash Grove, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-1-53</u>	REGISTRAR'S SIGNATURE <u>Edith Wilkinson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeyer, Springfield, Mo</u>	1344
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK

JUN 8 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

Bernard F. Wright

Licensed Embalmer No. *4293*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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