

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24482

State File No. ....

FILED AUG 7 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5465</u>		Registrar's No. <u>706</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural (Campbell)</u> )			c. LENGTH OF STAY (in this place) <u>38 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>0390</u> OR TOWN <u>Rural (Brookline)</u>			0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Duncan Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>4 Miles SE Republic,</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u>			b. (Middle) <u>C.</u>		c. (Last) <u>BLADES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 29, 1873</u>		9. AGE (In years) (last birthday) <u>80</u>	
							# UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	
							# UNDER 4 WKS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Greene County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Blades</u>			13b. MOTHER'S MAIDEN NAME <u>Trythena</u>		14. NAME OF HUSBAND OR WIFE <u>Adaline Dean Blades</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Phenia Bashears</u> ADDRESS <u>Republic, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				DUE TO (b) <u>Sensibility Hypertension</u>				<u>1 wk.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Pneumonia</u>				<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>24 hrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<u>331 X</u>						
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>7-29</u> , 19 <u>53</u> , to <u>7-31</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-29</u> , 19 <u>53</u> , and that death occurred at <u>10:15 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C. E. Zeller MD</u>				23b. ADDRESS <u>609 Cherry Springsfield</u>		23c. DATE SIGNED <u>8-3-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/3/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wade Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Republic, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8-3-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>May L. Foyett</u>		ADDRESS <u>Republic, Missouri</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 John L. McNabb

Licensed Embalmer No. 4635

P. O. Address Republic, 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.