

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27571

State File No.

FILED SEP 9 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>283</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLY</u>					
b. CITY OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>1 yr. 9 mo.</u>		c. CITY OR TOWN <u>RURAL-PENNTWP</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home No. 2</u>				e. STREET ADDRESS (If rural, give location) <u>314 So. Oak St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u> b. (Middle) <u>BRIDGET</u> c. (Last) <u>Bledsoe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2 - 53</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG. 2, 1878</u>			
9. AGE (In years last birthday) <u>75</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Thomas Daly</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Briscoe</u>		14. NAME OF HUSBAND OR WIFE <u>George C. Bledsoe</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. E. Daly, Buffalo, Oklahoma</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Pulmonary Corrosion</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Cerebral Vasculor Atherosclerosis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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>12-31</u> , 19 <u>51</u> , to <u>9-2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-2</u> , 19 <u>53</u> , and that death occurred at <u>7:50 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ward W. Boone M.D.</u>				23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>9/2/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 4, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-4-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shenna E. Kent & Son, Green City, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 1 1964

FEB 2 1964

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..... *Karl R. Kent*

Licensed Embalmer No. *468*

P. O. Address *Green City*

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.