

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Jeff.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jeff.</u>	
b. CITY OR TOWN <u>Festus</u>		c. CITY OR TOWN <u>Festus</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>535 S. Adams St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Mary</u> c. (Last) <u>Bland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15, 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 18, 1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR: Months <u>4</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Festus, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Jacob Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel</u>		14. NAME OF HUSBAND OR WIFE <u>unknown Fred Bland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Bland</u> ADDRESS <u>Festus, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUPLICATE FROM <u>hypertension</u>				
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		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) (Minute)		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 Oct 11, 1953, to Oct 15, 1953, that I last saw the deceased alive on Oct 14, 1953 and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur B. Iversky D.D.</u>		23b. ADDRESS <u>Festus, Mo.</u>		23c. DATE SIGNED <u>10-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 19, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Festus Mo.</u>					

DATE REC'D BY LOCAL REG. <u>10-19-53</u>		REGISTRAR'S SIGNATURE <u>Henry R. Polite</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry R. Polite</u> ADDRESS <u>Crystal City, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0502

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED OCT 23 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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Bentley R. Polette

Signed.....
Student Embalmer

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.