S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39596

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 120

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

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aurora Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Verona R-2 0050
d. STREET ADDRESS (If rural, give location): Eight Miles South West

3. NAME OF DECEASED (Type or Print)
a. (First): Patsy
b. (Middle): Ann
c. (Last): Blades

4. DATE OF DEATH (Month) (Day) (Year): Dec. 1 - 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 15 - 1933
9. AGE (In years last birthday): 20 — 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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Barry County
12. CITIZEN OF WHAT COUNTRY?: 0

13a. FATHER'S NAME: Virgil Campbell
13b. MOTHER'S MAIDEN NAME: Joyce Gardner
14. NAME OF HUSBAND OR WIFE: Otto Blades

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Otto Blades, Verona, R-2 — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): 2 hours follow in delivery
DUE TO (c): of normal female living child.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Episiotomy & low forceps delivery.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 6782
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953 *to* Dec. 1, 1953 *that I last saw the deceased alive on* Dec. 1, 1953, *and that death occurred at* 9:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. P. Copetti M.P.O.
23b. ADDRESS: Aurora, Mo.
23c. DATE SIGNED: 12-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 3-1953
24c. NAME OF CEMETERY OR CREMATORY: Maple Park
24d. LOCATION (City, town, or county) (State): Aurora Mo.

DATE REC'D BY LOCAL REG.: Dec. 9-1953
REGISTRAR'S SIGNATURE: Osa McNatt 157
25. FUNERAL DIRECTOR'S SIGNATURE: Oscar Marsh — ADDRESS: Aurora, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 myself, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora 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.