No. 300
10.48

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

FILED JAN 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Parks 4-873
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Johns

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crane
d. STREET ADDRESS (If rural, give location): 1040 1

3. NAME OF DECEASED (Type or Print)
a. (First): Polk
b. (Middle): P.
c. (Last): Bledsoe

4. DATE OF DEATH (Month) (Day) (Year): Jan 5 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 30 - 1904
9. AGE (In years last birthday): 49 — If under 1 year: Months 4, Days 51 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturer
10b. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (City and State or Foreign Country): Cardiff Penn
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Sidney Bledsoe
13b. MOTHER'S MAIDEN NAME: Cora Lemmon
14. NAME OF HUSBAND OR WIFE: Carrie Pearl Bledsoe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 413-03-0959
17. INFORMANT'S SIGNATURE OR NAME: Carrie Pearl Bledsoe
ADDRESS: Crane Mo

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Pneumonia — 4 days
DUE TO (c) Portal Cirrhosis — 3 years

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: None 5810
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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* 6-18, 1953, *to* 1-5, 1954, *that I last saw the deceased alive on* 1-5, 1954, *and that death occurred at* 1:AM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. J. Park, M.D.
23b. ADDRESS: 609 Cherry, Springfield Mo.
23c. DATE SIGNED: 1/6/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1/5/54
24c. NAME OF CEMETERY OR CREMATORY: Masonic
24d. LOCATION (City, town, or county) (State): Crane Mo.

DATE REC'D BY LOCAL REG.: 1-7-54
REGISTRAR'S SIGNATURE: Earl Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: Manlove Funeral Home
ADDRESS: Crane 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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student .....
Student Embalmer

Signed L. Dorlin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Mi

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.