

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18192

State File No.

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>228</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (If in this place) <u>15 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1000</u> OR TOWN <u>Rural Commerce Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>3 1/2 Mi West of Commerce</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u>		b. (Middle) <u>AMBROSE</u>		c. (Last) <u>BLES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 14, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 13, 1889</u>	
9. AGE (In years - if UNDER 1 year last birthday) Months Days <u>65</u>		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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Commerce Twp, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ambrose Bles</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Leist</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Vetter Bles</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bertha Bles Commerce 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Phlebotrombosis legs -</u> DUE TO (c) <u>Sarcoma of transverse colon</u> relapsing <u>153X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>4 June 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Sarcoma of transverse colon and retroperitoneal area</u>				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) m.		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>30 May, 1954</u> , to <u>15 June, 1954</u> , that I last saw the deceased alive on <u>15 June, 1954</u> , and that death occurred at <u>6:50 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. W. Bles, J. MD</u> (Degree or title)				23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>17 June 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-18-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Augustine's</u>		24d. LOCATION (City, town, or county) (State) <u>Kelso, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-18-54</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>44- Pieplinghoff Funeral Home</u>		ADDRESS <u>Illmo, Mo</u>	

(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 _____

Oliver O. Smith

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.