

FILED OCT 19 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36276**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **184**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. LENGTH OF STAY (In this place) 7 years	c. CITY OR TOWN Nevada
d. FULL NAME OF HOSPITAL OR INSTITUTION 622 E. Hickory		f. STREET ADDRESS (If rural, give location) 226. N. Pine	

3. NAME OF DECEASED (Type or Print) a. (First) Dennis b. (Middle) Robert c. (Last) Bledsoe	4. DATE OF DEATH (Month) 10 (Day) 9 (Year) 54
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 29, 1934	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parts Man	10b. KIND OF BUSINESS OR INDUSTRY Auto Supply Co	11. BIRTHPLACE (City and State or Foreign Country) Cabool, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Delbert R. Bledsoe	13b. MOTHER'S MAIDEN NAME Arlowene Cottrell	14. NAME OF HUSBAND OR WIFE Barbara Bledsoe
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No	16. SOCIAL SECURITY NUMBER 499-32-3607	17. INFORMANT'S SIGNATURE OR NAME Barbara Bledsoe, Nevada, Mo.	ADDRESS Nevada, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec**, 19**52**, to **Oct 9**, 19**54**, that I last saw the deceased alive on **July 15**, 19**54**, and that death occurred **at 4:50 a.m. on Oct 9, 1954**, from the causes and on the date stated above.

23a. SIGNATURE James P. Rice, M.D.	(Degree or title)	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED Oct 12 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-11-54	24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	24d. LOCATION (City, town, or county) (State) Nevada, Mo
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DATE REC'D BY LOCAL REG 10-13-54	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Shelton Tinsell Howe	ADDRESS Wanda Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 24 1957

OCT 20 1957

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 *Richard L. Harten*.....

Licensed Embalmer No. *453*.....

P. O. Address *W. Va.*.....

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.