FIED JUN 13 1955 STANDARD CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. COUNTY 2. Interest No. D. CITY of worker encounter inching the BURAL and drive 3. COUNTY 3. COUNTY 3. COUNTY 3. COUNTY 4. COUNTY 4. COUNTY 4. COUNTY 5. CITY of worker encounter inching the BURAL and drive 5. CITY of worker encounter inching the BURAL and drive 7. MOS. G. FULL RAME OF (if cas to bayolid or leadlystice, derivative) for surveillog) 1574 (in this plane) 1. CITY OF WORKER AND OF (in cas to bayolid or leadlystice, derivative) 17. MOS. 1. STREET 1. S	11		THE DIVISION OF HE	-			15830
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FULL NAME OF HOSPITAL OR INSTITUTION Rt. # 2 DeSoto Mo. State Description of tendencial institution, give stress address or foundation Rt. # 2 DeSoto Mo. Rt. # 2 DeSoto	_OR _		township) STAY (in this place)	l OR	-Centrel	d. Is Resi	dence within limits of or incorporated town?
HOSPITUTION Rt. # 2 DeSoto Mo. ALDRESS Rt. # 2 DeSoto Mo. ADDRESS Rt. # 3 DATE OF BIRTH P. ADDRESS Mo. ADDRESS Rt. # 3 DATE OF BIRTH P. ADDRESS Rt. # 3 DATE OF BIRTH P. ADDRESS Mo. ADDRESS Rt. # 3 DATE OF BIRTH P. ADDRESS P. ADDRESS P. ADDRESS P. ADDRESS P. ADDRESS P. ADDRESS				["] STREET		n)	150
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S. SEX 6. COLOR OR RACE 7. MARRIED. NEW MARTIED. NE	3. NAME OF BECEASED	s. (First)	b. (Middle)	c. (Last)	4. DATE	(Month)	
S. SEX G. COLOR OR RACE 7. MARRIED. NEVER MARRIED. (Septiment) S. DATE OF BIRTH S. AGE (19 years) Free S. 1866 S.	(Type or Print)	Ida	Bessie				<u>, </u>
10a. USUAL OCCUPATION (Give stand of work of deads of deads and obtained mass of without the first of the deads of the control of the contr	5. SEX / 6. C		WIDOWED, DIVORCED (Specify),		iast birt	In years IF UNDER thday) Months	Days Hours Min.
HOUSEWIFE HOUSEW	10a: USUAL OCCUPATIO	10b. KIND OF BUSINESS OR IN-			 	12. CITIZEN OF WHAT	
13b. Mather's make	done during most of working life, even if retired)		DUSTRY	1 (6	· -		COUNTRY
W111am Donald Cassie Pinson Rolls Blackwell IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes., Development) (If yes., Armed of service) None Rolls Blackwell Rt. 2 DeSo to Mo. None Rection of service) None MEDICAL CERTIFICATION Rections of service of data of service) None MEDICAL CERTIFICATION Rections of service of data of service) None MEDICAL CERTIFICATION Rections of service of data of service o				·			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. D. eventurown) 11 yes. Sive war or dates of service 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS No. 18. CAUSE OF DEATH Rule of or group or security 10. DIRECTLY LEADING TO DEATH* (a) INTERVAL BETWEEN ORBET AND DEATH ORBET AND DEA	ì		į				•
NO.							
18. CAUSE OF DEATH Enter only one-cause por Illine for (a), (b), and (c) *This does not mean the mode of dring, such as heart/follure, exthenia, etc. 11 means the discase, injury, or compilation which caused death. 19a. DATE OF OPERAT 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE 21d. TIME 10hm	(Yes, no, or unknown) (If)		of service) NO.				
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CILCUM ACCURANT DIRECTLY LEADING TO DEATH* (b) and (c) *This does not mean the mode of dying, such as heart fallure, eachening, such as heart fallure, eachening, such as heart fallure, eachening, such as heart fallure, or compiled the underlying course task. DUE TO (c) 19a. DATE OF OPERANTION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Boedity) DISEASE OR CONDITION DUE TO (b) Control of the chore cause (a) stating the underlying cause task. 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) DISEASE OR CONDITION 19a. DATE OF OPERANTION 21b. PLACE OF INJURY (e.g., in or about long related to the disease or condition causing death. 21c. (CITY, TOWN, OR TOWNSHIP) DISEASE OR CONDITION 21d. TIME (Month) DISEASE OR CONDITION 21d. TIME (Month) DISEASE OR CONDITION 21d. OTHER SIGNIFICANT CONDITION 21d. OTHER SIGNIFICANT CONDITIONS DISEASE OR CONDITION DUE TO (b) Conditions and the death but not related to the disease or condition causing death. 21d. TIME (Month) DISEASE OR CONDITION 21d. OTHER SIGNIFICANT CONDITIONS DISEASE OR CONDITION DISEASE OR CONDITION DUE TO (b) Conditions and the death but not related to the death but not related to the disease or condition causing death. 21d. TIME (Month) DISEASE OR CONDITION DISEASE OR CONDITIO					KWell Kt	-€ nes	
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22. I hereby certify that I attended the deceased from Off 1949 to 5-23, 1950, that I last saw the deceased alive on 5-23, 1950, and that death occurred at 10 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 23c. DATE SIGNED 23c. DATE SIGNED 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 24a. BURTAP. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Specity) 5/26/55 Masonic Blackwell MO. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 14/-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5-36-5-5 Tattleen Masonic Lee Mothershead DeSoto, Mo.	l OF	(Day) (rear) (WHILE AT NOT WHILE				
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Tion Removal (Specify) Burial 5/26/55 Masonic Blackwell Mo. Date rec'd by Local Registrar's Signature 5-36-5-5 Masonic Blackwell Mo. Address Address Address Lee Mothershead DeSoto, Mo.	23a. SIGNATRURE	£ 70	WW om D	236. ADDRESS	405	Mo	23c. DATE SIGNED 5/24/5
TION, REMOVAL (Specify) Burial 5/26/55 Masonic Blackwell Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 74/-0 25. FUNERAL DIRECTOR'S SIGNATURE Address 5-36-5-5-5-7-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	24a. BURTAP, CREMA-		24c. NAME OF CEMETER	Y OR CREMATORY	24d. LOCATION (Of	ty, town, or coun	ty) (State)
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5-36-55 Mathlew / Jaradan J. Lee Mothershead Desoto, Mo.	DATE REC'D BY LOCAL			25. FUNERAL DIREC	TOR'S SIGNATUR	RE AC	DRESS
(Licensed Emplainer's Statement on Reverse Side)	5-36- 5 5REG.	Kath	leen Marades	J. Lee Mot	hershead	DeSot	о <u>, М</u> о.
FIFEHDER Streets a musicianists on sections And sections	<u> </u>		(Licensed Embalmer's	Statement on Reverse Sid	le)		

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED DATE RECEIVED

1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

working under my personal supervision..

Student Signature of Student Embalmer

Signed andrew 18 England Licensed Embalmer No. 474

P. O. Address DeSot o. Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.