

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23510

FILED JUL 24 1956

State File No.

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|--|--|---|---|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>139</u> | | PRIMARY REG. DIST. NO. <u>5536</u> | | Registrar's No. <u>46</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Holt</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> | | | |
| b. CITY OR TOWN <u>OREGON (Rural)</u> | | c. LENGTH OF STAY (In this place) <u>1 day</u> | | c. CITY OR TOWN <u>Forest City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | e. STREET ADDRESS (If rural, give location) <u>0490</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> | | | b. (Middle) _____ | | c. (Last) <u>Bledsoe</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1956</u> |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Sept. 23, 1876</u> | | 9. AGE (In years last birthday) <u>79</u> | 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) <u>Carpenter</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Forest City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Willard Bledsoe</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Susan Dick</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nellie Bledsoe</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>500-07-9773</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Will Bledsoe Forest City, Mo.</u> | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 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) <u>4200</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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>July 1, 1954</u> , to <u>July 13, 1956</u> , that I last saw the deceased alive on <u>July 12, 1956</u> , and that death occurred at <u>6 A.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Isaac J. Sweeney M.D.</u> | | | | 23b. ADDRESS <u>Arkigan, Missouri</u> | | 23c. DATE SIGNED <u>7-13-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>7-14-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Forest City, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>7-14-56</u> | | REGISTRAR'S SIGNATURE <u>James Crawford</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u> | | ADDRESS <u>Oregon Mo.</u> | |

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

4690

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.....
Licensed Embalmer No. 3192
P. O. Address. Oregon

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.