

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1956

26504

STATE FILE NUMBER

4

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Owensville 0378	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 701 S. Second				Length of stay in 1b 11 years		d. STREET ADDRESS (If outside, give location) 701 S. Second	
3. NAME OF DECEASED (Type or print) First Augusta Middle Octavia Last Bledsoe				4. DATE OF DEATH Month Aug. 12, 1956 Day Year			
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 9, 1886	
9. AGE (In years last birthday) 70		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) housework				10b. KIND OF BUSINESS OR INDUSTRY housekeeping			
11. BIRTHPLACE (City and state or country) Pilot Knob, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Samuel Kochenberger				14. MOTHER'S MAIDEN NAME Mary Ridenhour			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Harry Bledsoe Address Owensville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Hypertension PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200							INTERVAL BETWEEN ONSET AND DEATH 8 Hours 3 yrs. 3 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21: I attended the deceased from July 1953 to 8-12-56 and last saw her alive on 8-12-56 Death occurred at 10:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. a. Brenner M.D.					22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 8-14-56
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-15-1956		23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Owensville, Mo.	
24. FUNERAL DIRECTOR ADDRESS Melford H H Winter OWENSVILLE				25. DATE RECD. BY LOCAL REG. August 15, 1956		26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer	

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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 *Myford H H Winter*.....

Licensed Embalmer No...38

P. O. Address *OWENSVILLE*.....

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.