THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36894
STATE FILE NUMBER

FILED NOV 28 1956 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 355

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN: Kirksville — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: Grim Smith Hospital — Length of stay in 1b: & Cl. 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Knox
c. CITY OR TOWN: Edina 0520 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Oma Middle: Ora Last: Nelson

4. DATE OF DEATH: Month 11 Day 21 Year 1956

5. SEX: Fe

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6-13-85

9. AGE (In years last birthday): 71 — 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): Retired, Hswf.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Knox Co. Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Robert Francis Bledsoe

14. MOTHER'S MAIDEN NAME: Frances Pickering

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Hospital Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 2 yrs.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 11-15-56, to 11-21-56 and last saw her/him alive on 11-20-56
Death occurred at 3:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] — **22b. ADDRESS**: Kirksville, Mo. — **22c. DATE SIGNED**: 11-21-56

23a. BURIAL, CREMATION, REMOVAL (Specify): burial — **23b. DATE**: 24 Nov '56 — **23c. NAME OF CEMETERY OR CREMATORY**: La Belle Cemetery — **23d. LOCATION** (City, town, or county) (State): La Belle, Mo

24. FUNERAL DIRECTOR: [signature] — ADDRESS: Edina, Mo — **25. DATE RECD. BY LOCAL REG.**: 11-26-56 — **26. REGISTRAR'S SIGNATURE**: Kate Lambert

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Mrs J. W. Huds

Licensed Embalmer No. 2

P. O. Address Edin

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