

FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44439

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 195

| | | | |
|--|--|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Marshall Mo. (Rural)</u> | | c. LENGTH OF STAY (in this place) <u>18 yrs.</u> | c. CITY OR TOWN <u>Kansas City</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State School, Marshall</u> | | STREET ADDRESS (If rural, give location) <u>1333 E. 13th St., Apt. 6</u> | |

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|--|-------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u> | b. (Middle) | c. (Last) <u>Bledsoe</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1956</u> |
|--|-------------|--------------------------|---|

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|----------------------|-------------------------------|---|-------------------------------------|---|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>May 5, 1926</u> | 9. AGE (In years last birthday) <u>30</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u> | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|---|-------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>David Bledsoe</u> | 13b. MOTHER'S MAIDEN NAME <u>Goldie Dixon</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Records of Mo. State School, Marshall, Mo.</u> | ADDRESS |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Echeylla</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fever of Unknown origin</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congenital Jostel Polydactyly</u> <u>Chit.</u> | | | |

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| 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) (Min.) | 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 Aug, 1955, to Dec 10, 1956, that I last saw the deceased alive on Dec 10, 1956, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Howin E. Hoehn M.D.</u> | 23b. ADDRESS <u>Marshall, Missouri</u> | 23c. DATE SIGNED <u>12/11/1956</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/13/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mo. State School Cemetery-Marshall, Missouri</u> | 24d. LOCATION (City, town, or county) (State) |
|---|---------------------------|--|---|

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|--|--|--|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>12-12-56</u> | REGISTRAR'S SIGNATURE <u>Cecil G. Reed</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Brown Funeral Home</u> | ADDRESS <u>Marshall Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

579

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. 7 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George H. Green
Licensed Embalmer No. 42

P. O. Address Meriden

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.