

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12126
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 5121 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perche Township		d. STREET ADDRESS 1112 Paris Rd.	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST DAVID WAYNE BLEDSOE		4. DATE OF DEATH Month Day Year April 21, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 29, 1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gradeschool student		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Kansas City, Missouri.
13. FATHER'S NAME William Russell Bledsoe		14. MOTHER'S MAIDEN NAME Geraldine Ruth Bledsoe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----	17. INFORMANT Mrs. J.A. Bledsoe, Route 2, Moberly, 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) Fractured and dislocated cervical vertebrae Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ----- DUE TO (c) ----- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) -----			INTERVAL BETWEEN ONSET AND DEATH 30 min #
20a. ACCIDENT <input checked="" 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.) Highway automobile accident - Car in which he was a passenger - complete wreck	
20c. TIME OF INJURY Hour a. m. p. m. Month Day Year		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway 103	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION (County) Boone Mo.	
21. I attended the deceased from Coroner's Case and last saw him alive on ----- m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. J. Neal, M.D.		22b. ADDRESS Columbia, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-25-57	
23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		23d. LOCATION (City, town, or county) Moberly Mo.	
24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo		25. DATE RECD. BY LOCAL REG. April 23, 1957	
26. REGISTRAR'S SIGNATURE Mrs. P. E. Palmer			

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 *Roger James*

Licensed Embalmer No. *50*

P. O. Address *Columbia*

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.