

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010603

STATE FILE NUMBER

FILED APR 2 1959

Registration District No. 314

Primary Registration District No. 4407

Registrar's No. 11

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osceola		c. CITY OR TOWN Osceola 0930	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osceola Surgical Hos Life		d. STREET ADDRESS (If outside, give location) Life	
3. NAME OF DECEASED (Type or print) First Lula Middle - Last Bledsoe		4. DATE OF DEATH Month March Day 8 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct; 14, 1878
9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	11. IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Benton County Mo;
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry B. Dukes	
13b. MOTHER'S MAIDEN NAME Emma C. Snapp		14. NAME OF HUSBAND OR WIFE Deceased	
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 R. E. Bledsoe, Osceola Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease			3 years
DUE TO (c) 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 11:20 P.m. Month, Day, Year		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 1958 to March 8, 1959 and last saw ^(if alive) March 8, 1959 Death occurred at 11:20 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lula M. Bledsoe M.D. (Degree or title)		22b. ADDRESS Osceola Missouri	
22c. DATE SIGNED 3/9/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/10/59	
23c. NAME OF CEMETERY OR CREMATORY Osceola		23d. LOCATION (City, town, or county) (State) Osceola Mo	
24. FUNERAL DIRECTOR Goodrich E. Home Osceola Mo.		25. DATE RECD. BY LOCAL REG. 3-17-59	
26. REGISTRAR'S SIGNATURE Paul H. Sewers			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300
1-57

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 *J.B. Bassett*

Licensed Embalmer No. *3038*

P. O. Address *Asculum*

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.