

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-036592**

FILED VS. OCT 27 1959

156

Primary Registration District No. 2001

Registrar's No. 500

STATE FILE NUMBER

EMENDED

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>NEWTON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Length of stay in 1b <b>5 YRS</b>	c. CITY OR TOWN <b>RURAL</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMAN HOSP.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROUTE 4, JOPLIN</b>		
3. NAME OF DECEASED (Type or print) First <b>FLOYD</b> Middle <b>HERMON</b> Last <b>BLED SOE</b>			4. DATE OF DEATH Month <b>OCTOBER</b> Day <b>13</b> , Year <b>1959</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-7-1890</b>	9. AGE (last birthday) <b>69</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED- AUTO. REPAIR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AUTOMOBILE</b>	11. BIRTHPLACE (City and state or country) <b>JEFFERSON CITY, TENN.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>WASHINGTON G. BLED SOE</b>		13b. MOTHER'S MAIDEN NAME <b>SENAH SHRADER</b>		14. NAME OF HUSBAND OR WIFE <b>FAIRY MORGAN BLED SOE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>447-32-9663</b>	17. INFORMANT <b>MRS. FAIRY M. BLED SOE, JOPLIN</b> Address <b>RT. 4, BOX 3618</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
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) <b>Previous myocardial infarction 5 years ago.</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ 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 <b>Aug 28, 1952</b> to <b>Oct 13, 1959</b> and last saw <sup>her</sup> him alive on <b>Oct 13, 1959</b> Death occurred at <b>1:15 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>John W. Hodder, M.D.</b>			22b. ADDRESS <b>304 Medical Arts Bldg. Joplin, Missouri</b>		22c. DATE SIGNED <b>10-14-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>10-16-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OSBORNE MEMORIAL,</b>		23d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>		
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>			ADDRESS	25. DATE RECD. BY LOCAL REG. <b>10-21-1959</b>	26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3A NOV 30 1960

STATEMENT BY LICENSED EMBALMER

JAN 5 1960

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 Harvey E. Bruce

Licensed Embalmer No. 4463

P. O. Address West City

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.