

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001051

FILED JAN 26 1962 118

Registration District No. \_\_\_\_\_ Primary Registration District No. 4188 Registrar's No. 4

STATE FILE NUMBER

TE  
JB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Owensville</b>		Length of stay in 1b <b>32 yrs.</b>	c. CITY OR TOWN <b>Owensville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>701 S. Second St.</b>
3. NAME OF DECEASED (Type or print) First <b>Herman</b> Middle <b>H.</b> Last <b>Bledsoe</b>		4. DATE OF DEATH Month <b>January</b> Day <b>22</b> Year <b>1962</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-8-1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired clay miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>clay mining</b>	9. AGE (last birthday) <b>76</b>
11. BIRTHPLACE (City and state or country) <b>Belle, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Jeremiah Bledsoe</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Goodman</b>	
14. NAME OF HUSBAND OR WIFE <b>Bledsoe Octavia Kockenberger</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT <b>Mamie Bledsoe</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Insufficiency</b> DUE TO (b) <b>Chronic Myocardial Degeneration</b> DUE TO (c) <b>Arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Carcinoma of Recto-Sigmoid - 2 yrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 years</b> <b>1 1/2 years</b> <b>1 1/2 years</b>	
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.)		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	
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 <b>Owensville, Mo.</b>	
20g. COUNTY <b>Gasconade</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>8-5-61</b> to <b>1-22-62</b> and last saw him alive on <b>1-22-62</b> Death occurred at <b>12:10 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Renee's Brenner, M.D.</b> (Degree or title)	
22b. ADDRESS <b>Owensville, Mo.</b>		22c. DATE SIGNED <b>1-23-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>1-24-1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Owensville, Mo.</b>	
24. FUNERAL DIRECTOR <b>Gottenstroeter Funeral Home</b> <b>Owensville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>January 24, 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Maurin Jappmeyer</b>		27. (Licensed Embalmer's Statement on Reverse Side)	

FEB 23 1962

**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 Milford H H Winter

Licensed Embalmer No. 2838

P. O. Address OWENSVILLE

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.