

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-00-38

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 101

STATE-FILE NUMBER

AMENDED DATE AMENDED INSTEAD OF DOCUMENT MEDICAL CERTIFICATION SHOULD READ BY AFFIDAVIT OF

FILED MAR 14 1962

1. PLACE OF DEATH a. COUNTY Cape Girardeau b. CITY Cape Girardeau c. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hosp. 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY New Madrid c. CITY OR TOWN New Madrid d. STREET ADDRESS Main St.

3. NAME OF DECEASED First Middle Last Norah Alice Bledsoe 4. DATE OF DEATH Month Day Year Jan. 29 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Widowed Never Married Divorced 8. DATE OF BIRTH 1/6/1880 9. AGE (last birthday) 74

10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE New Madrid Co. 12. CITIZEN OF WHAT COUNTRY U.S. A.

13a. FATHER'S NAME Ben Winston 13b. MOTHER'S MAIDEN NAME Maria Hayes 14. NAME OF HUSBAND OR WIFE J. S. Bledsoe.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. - 17. INFORMANT J. S. Bledsoe, New Madrid, Missouri

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage (b) Cerebral arteriosclerosis (c) ... INTERVAL BETWEEN ONSET AND DEATH 8 days 1 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days.

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 61 to Jan. 29, 1962 and last saw her alive on Jan. 29, 1962 Death occurred at 12:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh Ashley M. D. 22b. ADDRESS Cape Girardeau, Missouri 22c. DATE SIGNED 2/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 1/31/62 23c. NAME OF CEMETERY OR CREMATORY Evergreen 23d. LOCATION (City, town, or county) New Madrid, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Richards Fun. Home Inc. - New Madrid, Mo. 25. DATE RECD. BY LOCAL REG. 3-12-1962 26. REGISTRAR'S SIGNATURE

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 *L. S. Hedgepeth*

Licensed Embalmer No. 3803

P. O. Address New Madrid

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.

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 101

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, give TOWNSHIP ONLY) OR TOWN <u>CAPE GIRARDEAU</u> Length of stay in 1b) <u>10 Days</u>		c. CITY OR TOWN <u>NEW MADRID</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>MAIN ST</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>NORAH ALICE Bledsoe</u>			4. DATE OF DEATH Month Day Year <u>1/29/62</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/6/1890</u>	9. AGE (last birthday) <u>74</u>	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) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>NEW MADRID, Mo U.S.A.</u>	
13a. FATHER'S NAME <u>BEN WINSTON</u>		13b. MOTHER'S MAIDEN NAME <u>MARIA HAYES</u>		14. NAME OF HUSBAND OR WIFE <u>J.S. BLEDSOE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT Address <u>J.S. BLEDSOE NEW MADRID Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>			<u>8 days</u>
DUE TO (b) <u>Cerebral arteriosclerosis</u>			<u>1 yr.</u>
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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	
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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 checked="" 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 Nov 61 to 29 Jan 62 and last saw her alive on 29 Jan 62. Death occurred at 29 Jan 62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Hugh V. Ashley MD</u> (Doctor or title)	22b. ADDRESS <u>Cape Girardeau Mo</u>	22c. DATE SIGNED <u>2/21/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1/31/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN</u>	23d. LOCATION (City, town, or county) <u>NEW MADRID Mo</u>
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24. FUNERAL DIRECTOR <u>RICHARDS FUNERAL HOME, INC.</u>	ADDRESS <u>NEW MADRID, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-24-62</u>	26. REGISTRAR'S SIGNATURE <u>James K. Kasten</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

JUN 4 1963

APR 17 1962

MAR 14 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 *L. B. Hedgepeth*

Licensed Embalmer No. 3803

P. O. Address New Madrid

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