MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008035
STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. _____ Registrar's No. 31

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

FILED MAR 6 1963

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ft Leonard Wood
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: US Army Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pulaski
c. CITY OR TOWN: Waynesville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Box 118B RR#2
Reside on Farm: Yes ☐ No ☒

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0850		
2	0850	2	
3			
4	1		
5	1		
6			
7	1		
8	1		
9	353.1		
10			
11			
12	2 - 0		
13	1 - 0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

3. NAME OF DECEASED (Type or print): First: Marlys Middle: Darlene Last: Bledsoe
4. DATE OF DEATH: Month: February Day: 26 Year: 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 21 Sep 41
9. AGE (last birthday): 21
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (City and state or country): Charles City, Iowa
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Wilbur Henry
13b. MOTHER'S MAIDEN NAME: Laura Manneter
14. NAME OF HUSBAND OR WIFE: Bill O. 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.: None
17. INFORMANT: Bill Bledsoe, Address: Box 118B RR#2 Waynesville, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Epilepsy, Grand Mal
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 26 February 63 to 26 February 63 and last saw her/him alive on 26 February 1963
Death occurred at 5:15 p m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): William O'Brien Captain, MC
22b. ADDRESS: US Army Hospital Ft Leonard Wood, Missouri
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/28/1963
23c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
23d. LOCATION (City, town, or county) (State): Charles City Iowa
24. FUNERAL DIRECTOR: Carnes Moss-Williams Funeral Homes ADDRESS: Rocker, Mo
25. DATE RECD. BY LOCAL REG.: 2-28-63
26. REGISTRAR'S SIGNATURE: Gladys Anderson

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1963

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 Clarence Brown

Licensed Embalmer No. 4896

P. O. Address Waynesville, MO

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.