No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38068

BIRTH NO. 36086-49 REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kewanee (Rural)
c. LENGTH OF STAY (in this place): 4 mo. 29 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: New Madrid
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kewanee (Rural)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BARBARA
b. (Middle): Jean
c. (Last): Bledsoe

4. DATE OF DEATH (Month): Nov. (Day): 2 (Year): 1949

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Baby
8. DATE OF BIRTH: June 6, 1949
9. AGE (In years last birthday): If under 1 year: Months 4, Days 29; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kewanee, Mo
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Shirley Hicks
13b. MOTHER'S MAIDEN NAME: Clatteea Bledsoe
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Bill D. River
ADDRESS: Kewanee, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Whooping Cough — 1 wk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1949, *to* Nov 2, 1949, *that I last saw the deceased alive on* Nov 1, 1949, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. E. Jones M.D.
(Degree or title):
23b. ADDRESS: Lilbourn Mo
23c. DATE SIGNED: Nov 2 '49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-3-49
24c. NAME OF CEMETERY OR CREMATORY: Kewanee Cemetery
24d. LOCATION (City, town, or county) (State): Kewanee Mo.

DATE REC'D BY LOCAL REG.: 11-10-49
REGISTRAR'S SIGNATURE: Helen Loud Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Richards Und.
ADDRESS: New Madrid Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 14 19

RECEIVED
District Health Office No
District File Number 1149-
Date Filed

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.

Not Embalmed

Signed .....
Student Embalmer

Signed .....
Licensed Embalmer No. .....
P. O. Address .....

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 this body is not embalmed, fact should be so stated above.