No. 300
10.48

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

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 715

BIRTH NO. _____ REG. DIST. NO. 11F PRIMARY REG. DIST. NO. 4186 Registrar's No. 3

0361 / 1

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sullivan
c. LENGTH OF STAY (In this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 297 E. Springfield Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sullivan 0361
d. STREET ADDRESS (If rural, give location): 297 E. Springfield Ave. 0

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

4. DATE OF DEATH (Month) (Day) (Year): January 19 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 29, 1862
9. AGE (In years last birthday): 87 — If under 1 year: Months 1 Days 20 — If under 24 hrs.: 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: Home
11. BIRTHPLACE (State or foreign country): Missouri D
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Benjamin Smith
13b. MOTHER'S MAIDEN NAME: Emily Watson
14. NAME OF HUSBAND OR WIFE: Wiley Bledsoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Fred Bledsoe — **ADDRESS**: Sullivan, 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) Cerebral degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral hemorrhage — 1 week
DUE TO (c) Advanced arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 331X

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* Jan 15, 1950, *to* Jan 18, 1950, *that I last saw the deceased alive on* Jan 18, 1950, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald K. Scott D.O.
23b. ADDRESS: Bourbon, Mo.
23c. DATE SIGNED: 1-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 21/50
24c. NAME OF CEMETERY OR CREMATORY: Cave Spring Cemetery
24d. LOCATION (City, town, or county) (State): Franklin Missouri

DATE REC'D BY LOCAL REG.: 1-21-1950
REGISTRAR'S SIGNATURE: O. A. Bractar
25. FUNERAL DIRECTOR'S SIGNATURE: Thos. L. Stoffer — **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 30 1950
District Health Officer No. 9,
District File Number

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 T. A. Humphrey, Student Embalmer No. 316 working under my personal supervision.

Signed T. A. Humphrey
Student Embalmer

Signed Harry E. Monroe
Licensed Embalmer No. 4495
P. O. Address Sullivan, Missouri

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.