No. 300
10.48

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

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8361

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 5454 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" POND CREEK
c. LENGTH OF STAY (In this place): 44 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3½ MILES NORTH BILLINGS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" POND CREEK 0390
d. STREET ADDRESS (If rural, give location): 3½ MILES NORTH BILLINGS

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): BLACKSTON
c. (Last): BLADES

4. DATE OF DEATH (Month) 3 (Day) 14 (Year) 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 9-25-1857
9. AGE (In years last birthday): 92
If under 1 year: Months ____ Days ____
If under 24 hrs.: Hours ____ Min. ____

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

13a. FATHER'S NAME: DUDLEY BLADES
13b. MOTHER'S MAIDEN NAME: FRANCES GAROUTTE
14. NAME OF HUSBAND OR WIFE: LOUISA GOLD BLADES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: EFTON BLADES, Rt #2, BILLINGS, 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) Carcinomatosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis of face
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

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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* June, 1949, *to* March, 1950, *that I last saw the deceased alive on* Dec, 1949, *and that death occurred at* 2:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Karl J. Leidinger Jr. M.D.
23b. ADDRESS: Billings, Mo
23c. DATE SIGNED: 3-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-16-1950
24c. NAME OF CEMETERY OR CREMATORY: BLADES CHAPEL
24d. LOCATION (City, town, or county) (State): GREENE CO. MISSOURI

DATE REC'D BY REG.: 3-16-1950
REGISTRAR'S SIGNATURE: Florence Pritaino 105
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John Dean Harris, Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 50-3-15
Date Filed 3-21-50

MAR 26 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.

Signed John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

Signed .....
Student Embalmer

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.