No. 300
10.48

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32340

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6226 Registrar's No. 1495

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cole
c. LENGTH OF STAY (In this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. #1 Deerfield Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cole
d. STREET ADDRESS (If rural, give location): RFD #1 Deerfield

3. NAME OF DECEASED (Type or Print) a. (First): Stella b. (Middle): May c. (Last): Bley

4. DATE OF DEATH (Month) (Day) (Year): 8/30/51

5. SEX: female
6. COLOR OR RACE: wht.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 8/3/1874 March 8
9. AGE (In years last birthday): 77 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David Bowen
13b. MOTHER'S MAIDEN NAME: Dicey Bittick
14. NAME OF HUSBAND OR WIFE: John Bley

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.: unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Marshall Bley (son) Deerfield

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): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen. Arteriosclerosis — 2 years
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: 4201
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* 14 Jan, 1950, *to* 8/30/51, 19__, *that I last saw the deceased alive on* 10/20, 1951, *and that death occurred at* 6P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward P. Randles MD
23b. ADDRESS: Fort Scott, Ks
23c. DATE SIGNED: 8/31/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-5-51
24c. NAME OF CEMETERY OR CREMATORY: Deerfield Cemetery
24d. LOCATION (City, town, or county) (State): Deerfield Missouri

DATE REC'D BY LOCAL REG.: 9-10-951
REGISTRAR'S SIGNATURE: Anna E. Ferry 451
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [signature] Garland, Kan

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK. MAKE A PERMANENT RECORD
Corr. by all. Oct. 24, 1951

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED SEP 17 1951
Dist. File 951-1679
Date Filed 9-18-51

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 ..... Student Embalmer

Signed [signature]

Licensed Embalmer No. 2030

P. O. Address Garland Kansas

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.

State of Missouri } SS.
County of Jasper }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 32340

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 9 day of October, 1951, before me appears Lillian Snider, who, upon her oath, states that the original record of ~~birth~~ death for Stella Mae Bley died Aug. 30, 1951, in the State of Missouri, and which was filed at Deerfield, Mo. on 9/1, 1951, should be corrected as follows:

Item No. 8 should read ~~[illegible]~~ 3-8-1874

Instead of 8-3-1874

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lillian Snider Daughter
Relationship.

231 N Maple Joplin Mo.
Present Address.

Subscribed and sworn to before me this 10th day of October, 1951

My Commission expires My Commission Expires Sept. 28, 1955 William E. Hudston Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
0M—8-43
I X37817