

STANDARD CERTIFICATE OF DEATH

33994

State File No. _____

S. No. 300
V. 10.48

FILED NOV 8 1951

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5370 Registrar's No. 400

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sibley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sibley, Missouri	
c. LENGTH OF STAY (In this place) 40 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION her own home			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Anna	c. (Last) Bledsoe	4. DATE OF DEATH (Month) (Day) (Year) Oct. 28. 1951
-------------------------------------	------------------------	-------------------------	--------------------------	--

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 8 1887	9. AGE (In years) (last birthday) 64	Months 2	Days 20
----------------------	-------------------------------	---	---------------------------------------	---	-----------------	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, when insured) house-wire duties	10b. KIND OF BUSINESS OR INDUSTRY her home work	11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	---

13a. FATHER'S NAME Mr. Butts	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE William C. 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'S SIGNATURE OR NAME Wm. C. Bledsoe	ADDRESS Sibley, Missouri
--	-------------------------------------	---	---------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **Oct 18, 19 51** to **Oct. 28, 1951**, that I last saw the deceased alive on **Oct. 28 19 51**, and that death occurred at **4:10 AM**, from the causes and on the date stated above.

23a. SIGNATURE John L. Hessler (Degree or title) DO	23b. ADDRESS Buckner, Missouri	23c. DATE SIGNED Oct. 29. 51
---	---------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 31. 1951	24c. NAME OF CEMETERY OR CREMATORY SIX MILE Cemetery	24d. LOCATION (City, town, or county) (State) West of Sibley, Missouri
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. Oct. 29 51	REGISTRAR'S SIGNATURE James D. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Theresa M. [Signature]	ADDRESS Buckner Mo.
--	---	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

480

NOV 7 1944

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
Student Embalmer

Signed Ralph O Jones

Licensed Embalmer No. 4684

P. O. Address Buckner 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 this body is not embalmed, fact should be so stated above.