V.S. No. 300
Rev. 10.48

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

FILED JAN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2009

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (in this place): 8 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LEVERING HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: MARION
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL 0644
d. STREET ADDRESS (If rural, give location): 2406 HOPE ST.

3. NAME OF DECEASED (Type or Print)
a. (First): MITCHELL
b. (Middle): GLENN
c. (Last): BLEIGH

4. DATE OF DEATH (Month) (Day) (Year): 1-21-1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): BABY 0
8. DATE OF BIRTH: 3-11-1950
9. AGE (In years last birthday): 1
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): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): KEOKUK, IOWA. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: ROBERT W. BLEIGH
13b. MOTHER'S MAIDEN NAME: CENA BAILY
14. NAME OF HUSBAND OR WIFE: MR. ROBERT W. BLEIGH MRS. CENA BLEIGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS:

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) ~~Multiple Injuries.~~ — INTERVAL BETWEEN ONSET AND DEATH: 9 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ~~Fracture of right femur.~~ Hemorrhage into muscles left leg.
DUE TO (c) ~~Possible Intracranial Hemorrhage.~~ Shock from blood loss.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION: 1/20/52-1/21/52
19b. MAJOR FINDINGS OF OPERATION: Plasma administration & Whole Blood transfusion
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 119
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Missouri.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-20-1952 5 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell out of automobile in motion and was run over.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 2:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Daniel B. Landau, M.D. — Daniel B. Landau
23b. ADDRESS: Hannibal, Missouri
23c. DATE SIGNED: 22-Jan 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-23-1952
24c. NAME OF CEMETERY OR CREMATORY: GRAND VIEW BURIAL PARK.
24d. LOCATION (City, town, or county) (State): Hannibal, Mo.

DATE REC'D BY LOCAL REG.: 1-22-52
REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Ralph Clark Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 23 1952
MARION CO. HEALTH DEPT.
DATE FILED JAN 24 1952

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 Ralph Clark, working under my personal supervision.

Student Embalmer No.....

Signed Ralph Clark

Signed.....
Student Embalmer

Licensed Embalmer No. 4217

P. O. Address Hamilton, 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.