

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23743****FILED AUG 11 1952**

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5129</u>		Registrar's No. <u>818</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Gowers</u>		c. LENGTH OF STAY (in this place) <u>87 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Gowers</u>		<u>1110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR #1</u>				d. STREET ADDRESS (If rural, give location) <u>RR #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>IDA</u>		c. (Last) <u>BLED SOE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 16, 1864</u>	
9. AGE (in years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Mo.</u>	
10a.		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Wm. McDowell</u>			13b. MOTHER'S MAIDEN NAME <u>Celia Horn</u>			14. NAME OF HUSBAND OR WIFE <u>Jessie Bledsoe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis Bledsoe, 3135 Forest Lawn, Omaha, Neb.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericarditis</u>		DUE TO (b) _____				<u>1 1/2 day</u>	
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Paraplegia</u>		DUE TO (c) _____				<u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-3-4-3</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 <u>July 17, 1952</u> to <u>July 27, 1952</u> , that I last saw the deceased alive on <u>July 26, 1952</u> , and that death occurred at <u>10:00A.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. H. Moore</u>				23b. ADDRESS <u>Dearborn Mo</u>		23c. DATE SIGNED <u>7-30-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>#6 Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gower, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>August 4, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl E. Cash</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rollins Nash</u>		ADDRESS <u>Edgerton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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

*H. LeRoy Mooney*

Licensed Embalmer No. 4776

P. O. Address K. C. 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.