

FILED APR 28 1954

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **12503**

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 76	
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Camden			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon, Missouri		c. LENGTH OF STAY (in this place) 17 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland, Missouri		d. STREET ADDRESS (If rural, give location) Rural Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hospital				d. STREET ADDRESS (If rural, give location) Rural Rt. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) J. c. (Last) Blades			4. DATE OF DEATH (Month) (Day) (Year) April 19, 1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 4, 1898	9. AGE (In years last birthday) 55	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 None		11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Keith		14. NAME OF HUSBAND OR WIFE Viola Jana Stroud		14. NAME OF HUSBAND OR WIFE Arnold Blades	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arnold Blades Richland, Mo Rt 1			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 weeks Indefinite	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 3-15, 1954 , to 4-19, 1954 , that I last saw the deceased alive on 4-18, 1954 , and that death occurred at 2:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE F. H. Johnson (Degree or title) MD			23b. ADDRESS Lebanon, Missouri			23c. DATE SIGNED 4-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 21/54	24c. NAME OF CEMETERY OR CREMATORY Elm Grove Cemetery		24d. LOCATION (City, town, or county) (State) Richland Mo Rural		
DATE REC'D BY LOCAL REG. 4-22-1954		REGISTRAR'S SIGNATURE Alella L. Day		25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Home Richland, Mo			

(Licensed Emballer's Statement on Reverse Side)

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

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Received APR 26 1954

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LaCade County Health Unit

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File No. 4-54-66H

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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

X

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed Clarence Gross

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.

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