

No. 300
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15379

State File No.

FILED JUN 15 1954

BIRTH NO.		REG. DIST. NO. <u>96</u>	PRIMARY REG. DIST. NO. <u>1354</u>	Registrar's No. <u>35</u>
1. PLACE OF DEATH a. COUNTY <u>DALLAS</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. CITY <u>Dallas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>RED TOP RR</u>	c. LENGTH OF STAY (in this place) <u>52 yrs</u>	c. CITY OR TOWN <u>Red Top</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		e. STREET ADDRESS (If rural, give location) <u>0300</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>A</u> c. (Last) <u>BLODGETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-26-1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-15-1868</u>	9. AGE (In years last birthday) <u>85</u> If UNDER 1 YEAR: Months <u>5</u> Days <u>11</u> If UNDER 12 HOURS: Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edd Blodgett</u>		
13b. MOTHER'S MAIDEN NAME <u>Sollie VanWhittle</u>		14. NAME OF HUSBAND OR WIFE <u>Red Top RR</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Clara Seppene</u> ADDRESS <u>Red Top RR</u>
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>?</u>
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 <u>4201</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>Jan.</u> , 1954, to <u>5-26</u> , 1954, that I last saw the deceased alive on <u>5-25</u> , 1954, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>V.O. Jammon</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Buffalo Mo</u>		23c. DATE SIGNED <u>5-28-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-28-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Free Will Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-8-54</u>	REGISTRAR'S SIGNATURE <u>Ernest Petre</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L B Jones</u>	ADDRESS <u>Buffalo Mo</u>	

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.....
Signature of Student Embalmer

Signed..... *Mavis B. Jones*

Licensed Embalmer No. *432*

P. O. Address *B. B. Jones, N. C.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.