

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21806

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6181 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Penn Twp.		c. LENGTH OF STAY (in this place) 10 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 3 mi. S. of Green City		d. STREET ADDRESS (If rural, give location) 3 mi. South of Green City	
3. NAME OF DECEASED (Type or Print) a. (First) Homer b. (Middle) Edmund c. (Last) Bledsoe		4. DATE OF DEATH (Month) (Day) (Year) June 30, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sent. 17, 1880
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street car operator		10b. KIND OF BUSINESS OR INDUSTRY Public service	11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Thomas Bledsoe		13b. MOTHER'S MAIDEN NAME Margaret E. Kinsel	14. NAME OF HUSBAND OR WIFE Beulah 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. 348-10-0789	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Beulah Bledsoe, Green City, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver INTERVAL BETWEEN ONSET AND DEATH 1 year ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 5810	
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)		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 Mar 15, 1951 , to June 30, 1954 , that I last saw the deceased alive on June 29, 1954 , and that death occurred at 6:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE W.D. Smith, D.O.		23b. ADDRESS Green City, Mo.	23c. DATE SIGNED July 1, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 2, 1954	24c. NAME OF CEMETERY OR CREMATORY Green City Cemetery
24d. LOCATION (City, town, or county) (State) Green City, Mo.			
DATE REC'D BY LOCAL REG. 7-2-54		REGISTRAR'S SIGNATURE Agnes L. Page	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kenton, Green City, Mo.

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

1050

1050

JUL 26 1954

JUL 21 1954

JUL 28 1954

JUL 1 1954

MAY 19 1954

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 Karl P. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.