

No. 300  
10.48

FILED OCT 13 1954

STANDARD CERTIFICATE OF DEATH

State File No. 29736

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Salt River TWP</b>		c. CITY OR TOWN <b>Mexico</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>RFD #1</b>		<b>Salt River TWP</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>RFD #1, Salt River TWP</b>		3. NAME OF DECEASED a. (First) <b>Charles</b>		b. (Middle) <b>C.</b>	
c. (Last) <b>Bledsoe</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 29, 1954</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Apr 22, 1875</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>crops</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Santa Fe, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>A. D. Bledsoe</b>		13b. MOTHER'S MAIDEN NAME <b>Nannie Wallace</b>	
14. NAME OF HUSBAND OR WIFE <b>Fannie Clark Bledsoe</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fannie C. Bledsoe, Mexico, Mo</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	

19. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <b>right heart strain</b>	
		DUE TO (c) <b>Pulmonary emphysema</b>		years	
		II. OTHER SIGNIFICANT CONDITIONS		years	
Conditions contributing to the death but not related to the disease or condition causing death.					
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)		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 **Oct 12, 1954** to **Sept 29, 1954**, that I last saw the deceased alive on **Sept 29, 1954**, and that death occurred at **10:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold Santo</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Mexico, Mo</b>		23c. DATE SIGNED <b>Oct 1-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 3, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>		DATE REC'D BY LOCAL REG <b>Oct 3-1954</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>ARNOLD FUNERAL Home</b>		ADDRESS <b>MEXICO, MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
*Chas. Amundson*

Licensed Embalmer No. *356*

P. O. Address *Malibu*

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.