

STANDARD CERTIFICATE OF DEATH

State File No. **40020**

FILED JAN 4 1955

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery	
d. FULL NAME OF HOSPITAL OR INSTITUTION Allen Nursing Home		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print)	a. (First) Lula	b. (Middle) Metz	c. (Last) Blades	4. DATE OF DEATH (Month) (Day) (Year) 12-24-54
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-19-1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Williamsburg Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME R.M. Berry	13b. MOTHER'S MAIDEN NAME Emily Scholl	14. NAME OF HUSBAND OR WIFE Lelsslie Blades "Decd"
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME Mrs C.K. Sheets sr	ADDRESS Montgomery City
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial decompensation		2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Chronic nephritis		10 years 10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Surgical neck fracture left			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION fracture 30 days ago. 592x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 1, 1954, to Dec 24, 1954, that I last saw the deceased alive on 12-24, 1954, and that death occurred at 1:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE R.L. Swan	(Degree or title) Medico, Inc.	23b. ADDRESS 100-2	23c. DATE SIGNED 12-27-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-27-54	24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	24d. LOCATION (City, town, or county) (State) Williamsburg MO
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DATE REC'D BY LOCAL REG Dec 27-1954	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Chappin	ADDRESS MONTEGOMERY CITY MO
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(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 Mr. On the
24 th day of Dec 1954

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery 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.