

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23485

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5616**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Wright</i>		
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>9 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Mansfield</i>		d. STREET ADDRESS (If rural, give location) <i>none</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Frisco Employees Hospital Assn.</i>					
3. NAME OF DECEASED a. (First) <i>Oral</i> b. (Middle) <i>Elmer</i> c. (Last) <i>Bladsoe</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 28, 1955</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 4<sup>th</sup>, 1899</i>	9. AGE (In years last birthday) <i>53</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>agent-operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTHPLACE (State or foreign country) <i>Koshkonong, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>Robert</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Mitchell B-</i>	14. NAME OF HUSBAND OR WIFE <i>Clema Jones B-</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>702-09-1837</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Wife</i> ADDRESS <i>Mansfield, Mo</i>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Cerebellum</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 mo 12 da</i>
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 <i>2-15-55</i>	19b. MAJOR FINDINGS OF OPERATION <i>Craniotomy - Ca of Cerebellum found Pt. Ref. Hosp. 3-2-55 + Relieved</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>193x</i>			
22. I hereby certify that I attended the deceased from <i>June 19, 1955</i> , to <i>June 28, 1955</i> , that I last saw the deceased alive on <i>June 27, 1955</i> , and that death occurred at <i>1:00 P.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Norman Miller, MD</i>			23b. ADDRESS <i>4960 Laclede</i>		23c. DATE SIGNED <i>6-28-55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>6-28-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Local</i>	24d. LOCATION (City, town, or county) (State) <i>Koshkonong, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>JUN 28 1955</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith, MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert H. Hoppe</i> ADDRESS <i>4700 Washington Blvd.</i>		

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1956

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.....

*J. Wm. Dumble*

Licensed Embalmer No. ....

*3653*

P. O. Address.....

*St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.