

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26975

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>302 1/2 No 3rd St 0649</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>302 1/2 No. 3rd St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Claudia</u> b. (Middle) <u>Lee</u> c. (Last) <u>Bloodgood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 1st 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 3rd 1891</u>	9. AGE (In years last birthday) <u>64</u>	10. UNDER 1 YEAR Days <u>2</u> 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>James Polson</u>		13b. MOTHER'S MAIDEN NAME <u>Pharsalia Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph G Bloodgood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.G. Bloodgood, Hannibal, Mo</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		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden death - 4 years</u>
	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>Myocarditis</u> DUE TO (c) <u>4201</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		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 May, 1953, to Aug 1, 1955, that I last saw the deceased alive on Aug 1, 1955, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Glenn R Miller 2 D.O.</u>		23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>8-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-3-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	
		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>			

DATE REC'D BY LOCAL REG. <u>8-12-55</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>By W. C. Mahan and Son, Moberly, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 16 1955

MARION CO. HEALTH DEPT.

DATE FILED AUG 16 1955

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..... *Frank D. DeWitt*

Licensed Embalmer No. 307

P. O. Address Mober

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.