

FILED FEB 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 512

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5187 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) Allenville Rural		c. CITY (If outside corporate limits, write RURAL and give township) Allenville	
c. LENGTH OF STAY (In this place) 23 years		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Joseph	c. (Last) Blase	4. DATE OF DEATH (Month) (Day) (Year) Jan. 21st 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 7, 1886	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck farmer	10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (State or foreign country) Cape Girardeau County, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Blase	13b. MOTHER'S MAIDEN NAME Isabelle Blase	14. NAME OF HUSBAND OR WIFE Lola Dell Blase
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 7/17/18-9/10/18	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME W. Blase	ADDRESS Allenville, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart and blood vessels. coronary thrombosis.		INTERVAL BETWEEN ONSET AND DEATH 1 night
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Asthma (Cardiac) the above cause (a) stating the underlying cause last.		
	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 _____	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) 4701
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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? _____
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22. I hereby certify that I attended the deceased from **Jan 21, 1949 to some night**, that I last saw the deceased alive on **Jan 21, 1949** and that death occurred at **6:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. Davault MD (Degree or title)	23b. ADDRESS Allenville Mo	23c. DATE SIGNED Jan 28-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 23, 1949	24c. NAME OF CEMETERY OR CREMATORY Grump Cemetery	24d. LOCATION (City, town, or county) (State) Whitewater, Cape, Mo.
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DATE REC'D BY LOCAL REG. Feb 3-1949	REGISTRAR'S SIGNATURE D. G. Lubero	25. FUNERAL DIRECTOR'S SIGNATURE L. E. Kaman	ADDRESS Cape Gir. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 3 1949

RECEIVED

Health Officer No. 4

License Number 249-20

2-8-49

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.

Signed Howard B. Staman

Signed _____
Student Embalmer

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.