

FILED FEB 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3723

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>330</u>		PRIMARY REG. DIST. NO. <u>445</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ILLMO</u>		c. LENGTH OF STAY (if this place) <u>50YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ILLMO</u>		10 <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>				d. STREET ADDRESS <u>_____</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u>		b. (Middle) <u>JOSEPH</u>		c. (Last) <u>BLAES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 7 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 7, 1891</u>	
9. AGE (In years last birthday) <u>57</u>		10. MONTHS <u>7</u>		11. YEAR <u>0</u>		12. HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RR YARD CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (State or foreign country) <u>ORANI, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOE BLAES</u>		13b. MOTHER'S MAIDEN NAME <u>KATY FURNACE</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL LINDER BLAES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WORLDWAR I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Pearl Blaes</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS WITH ASSOCIATED HYPERTENSION</u>					
		DUE TO (c) _____					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>57</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>37</u>				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) (Min.)		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 <u>April</u> , 19 <u>44</u> , to <u>Feb 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb. 5</u> , 1949, and that death occurred at <u>12:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Denton Wilson D.O.</u>		23b. ADDRESS <u>Frankfort Mo.</u>		23c. DATE SIGNED <u>Feb 7, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 9, 1949</u>		24c. NAME OF CEMETERY OR-CREMATORY <u>LIGHTNER</u>		24d. LOCATION (City, town, or county) (State) <u>ILLMO, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-7-49</u>		REGISTRAR'S SIGNATURE <u>P. J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Crisslinghoff Funeral Home</u>		ADDRESS <u>Illmo, Mo.</u>	

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

RECEIVED

District Health Office No.

District File Number 249-2

Date Filed 2-9-45

MAR 2 1949

FEB 21 1945

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 Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.