

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15334

FILED MAY 16 1949

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 58

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| 1. PLACE OF DEATH a. COUNTY <u>Cooper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>R.F.D.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Court Street in car.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Norbert</u> | b. (Middle) <u>L.</u> | c. (Last) <u>Blank.</u> | (Month) <u>May</u> | (Day) <u>6</u> | (Year) <u>1949</u> |

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| 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>January 20 1908</u> | 9. AGE (In years last birthday) <u>41</u> | IF UNDER 1 YEAR Months <u>0</u> | IF UNDER 12 HRS. Days <u>0</u> | Hours <u>0</u> | Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Collector</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>City of Boonville</u> | 11. BIRTHPLACE (State or foreign country) <u>Prarie Home, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Nicholas Blank.</u> | 13b. MOTHER'S MAIDEN NAME <u>Bertha Oerly</u> | 14. NAME OF HUSBAND OR WIFE <u>Edna Buschmeyer Blank.</u> |
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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) <u>Yes World War 2</u> | 16. SOCIAL SECURITY NO. <u>495-07-6082</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Blank.</u> | ADDRESS <u>Boonville, Mo.</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>E976X</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain injury</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gunshot wound</u> DUE TO (c) <u>Self inflicted</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) <u>Suicide</u> | 21b. PLACE OF INJURY (e.g., in or about farm, restaurant, street, office bldg., etc.) <u>Boonville Mo</u> | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Boonville Cooper Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>May 6 1949 5a m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from his death to _____, 19____, that I last saw the deceased alive on his death, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23. SIGNATURE (Degree or title) <u>M. Dickmann, D. Coroner</u> | 23b. ADDRESS <u>Boonville Mo</u> | 23c. DATE SIGNED <u>5/8/49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 8th 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u> |
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| DATE REC'D BY LOCAL REG <u>May 7-49</u> | REGISTRAR'S SIGNATURE <u>H. Cooper</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>381</u> | ADDRESS <u>Goodman & Boller, Boonville, Missouri.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

27
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MAY 9 REED

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-14-49

JUN 23 1958

MAY 26 1949

MAY 17 1949

JUN 7 1948

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 William W. Wood

Signed _____
Student Embalmer

Licensed Embalmer No. 4539

P. O. Address Boonville

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.