

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9235**
Registrar's No. **128**

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 128	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (In this place) 60 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 North Byers Avenue				d. STREET ADDRESS (If rural, give location) 209 North Byers Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Edmund		b. (Middle) A.		c. (Last) BLIEDUNG		4. DATE OF DEATH (Month) (Day) (Year) March 17, 1950	
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH November 8, 1868	
9. AGE (In years last birthday) 81		10. MONTHS 4		11. DAYS 9		12. HOURS 0 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gen. Mgr. Christmans Dry Goods Co.				10b. KIND OF BUSINESS OR INDUSTRY Co. Glen Haven, Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Alexander Bliedung		13b. MOTHER'S MAIDEN NAME Ida Hofbauer		14. NAME OF HUSBAND OR WIFE Agnes (DECEASED)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs David Hoover 524 N. Byers Joplin, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Type undetermined) 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. Chc. Myocarditis c. Hypertension				INTERVAL BETWEEN ONSET AND DEATH 3 days 493x 3 yrs-	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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 11/12/47 19____, to 3/17/50 , 19____, that I last saw the deceased alive on 3/16/50 , and that death occurred at 7:50A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Merwin H. Black D.M.D.				23b. ADDRESS Joplin, Mo.		23c. DATE SIGNED 3/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 20, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE REC'D BY LOCAL REG. 3-20-50		REGISTRAR'S SIGNATURE W. J. ...		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Black

RECEIVED 4-3-50
Jasper County Health Office

County File Number 50-3-239

Date Filed 4-3-50

APR 5 1950

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 William E. Gustafson

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.