

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12381

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5307 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville-Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville -Rural</u> <u>0260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ed. Blochberger Home</u>		d. STREET ADDRESS (If rural, give location) <u>About 8 Miles South-East of R.V.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elizabeth</u>	b. (Middle) <u>Antonia</u>	c. (Last) <u>Blochberger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 17 -50</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept. 2. 1885</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Lohman, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Andrew Blochberger</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Schaedel</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ed. Blochberger, Lohman, Mo</u>	ADDRESS <u></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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of left femur, cerebral hemorrhage followed by coma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural, Russellville Cole Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 30 1950 1p</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>From a fall</u>	21g. REQUESTED <input type="checkbox"/>
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22. I hereby certify that I attended the deceased from Mch 30, 1950, to April 17, 1950, that I last saw the deceased alive on April 16, 1950 and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>N. L. Leslie M.D.</u>	23b. ADDRESS <u>Russellville Mo</u>	23c. DATE SIGNED <u>April 18-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lohman Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Lohman Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 18</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minnie Nottemeyer</u>	70	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Schuchert Russellville, Mo</u>	ADDRESS <u></u>
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(Licensed Embalmer's Statement on Reverse Side)

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

District File Number \_\_\_\_\_  
District Health Officer No. 9  
RECEIVED APR 24 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 H. Schubert

Licensed Embalmer No. 2870

P. O. Address Russellville

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.