

No. 300
10. 48

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24364
Registrar's No. 190

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE South Dakota b. COUNTY Davison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Mitchell	
c. LENGTH OF STAY (In this place) 11 mos.		8400	
d. FULL NAME OF HOSPITAL OR INSTITUTION 601 Farrer Street		d. STREET ADDRESS (If rural, give location) 1330 West 4th Street	
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) J. c. (Last) Bluhm			4. DATE OF DEATH (Month) (Day) (Year) 8/2/50
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5/22/1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 2 Days 11 IF UNDER 12 HRS. Hours 1 Min.
11. BIRTHPLACE (State or foreign country) Padderoni Germany		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Frederick Bluhm		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Anna K. Bluhm Moberly
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Howard Kenton Moberly 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 6 months ANTECEDENT CAUSES 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. Senile	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 12/16, 1944 , to 8/2, 1950 , that I last saw the deceased alive on 8/1, 1950 , and that death occurred at 3:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Am R. Kenby DC		23b. ADDRESS Moberly Mo.	23c. DATE SIGNED 8/3/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/3/50	24c. NAME OF CEMETERY OR CREMATORY Artesian Cemetery	24d. LOCATION (City, town, or county) (State) Artesian South Dakota
DATE REC'D BY LOCAL REG. 8/3/50	REGISTRAR'S SIGNATURE Lois Williams Soule	25. FUNERAL DIRECTOR'S SIGNATURE Marion E. Miller	ADDRESS Moberly Mo

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

RECEIVED AUG 8 1950
District Health Officer No. 10
District File Number 8-14-1294
Date Filed AUG 14 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Marion E. Miller

Signed.....
Student Embalmer

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

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.