V. S. No. 300
Rev. 10.48

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FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5593

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4408 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN: Smithton | c. LENGTH OF STAY (in this place): Smithton 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural + Town of Smithton
d. STREET ADDRESS (If rural, give location): Main St 0860

3. NAME OF DECEASED (Type or Print): a. (First) Curtis b. (Middle) J. c. (Last) BLUHM

4. DATE OF DEATH: (Month) (Day) (Year): Feb 14-51

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug 19-1877

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR: Months 5 Days 25 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pettis Co Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Richard Bluhm

13b. MOTHER'S MAIDEN NAME: Kathryn Kasten

14. NAME OF HUSBAND OR WIFE: Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 493-30-1763

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Margaret Bluhm Smithton 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) W'th metastases to Spine & bony pelvis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
177X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* October, 1950, *to* 2-14, 1951, *that I last saw the deceased alive on* 2-14, 1951, *and that death occurred at* 12-35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J W Boger MD

23b. ADDRESS: Sedalia Mo

23c. DATE SIGNED: 2-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 16-51

24c. NAME OF CEMETERY OR CREMATORY: Smithton Cemetery

24d. LOCATION (City, town, or county) (State): Smithton Pettis Mo

DATE REC'D BY LOCAL REG.: 2-15-1951

REGISTRAR'S SIGNATURE: R. J. Campbell M.D. Assistant Health Deputy

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hennegar Smithton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-26-51 1601 W 34

DISTRICT FILE OFFICE No. 3

District File Number _____

Date Filed 2-26-51

APR 6 1951

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 A. F. Neumeyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.