

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30119**

FILED OCT 1 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **5567** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Near Glover, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Salem General Delivery</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION:			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Henry</b> c. (Last) <b>Blumer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 15 54</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 11/1898</b>
9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Mike Blumer</b>	13b. MOTHER'S MAIDEN NAME <b>Unk</b>	14. NAME OF HUSBAND OR WIFE <b>Rosie Blumer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>498 16 446</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rosie Blumer Salem Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>A Broken Neck fractured Skull</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Broken Back</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>uncure 32-4 32</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>D47</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway #21</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY), (STATE) <b>Glover 3miles from Jct 49&amp;21 Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 15 51</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto Ran down Highway embankment</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. H. Howell</b>	(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>3 Ironton, Mo 226 No. Main</b>	23c. DATE SIGNED <b>9/15/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 17/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crossville</b>	24d. LOCATION (City, town, or county) (State) <b>Reynolds County</b>

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <b>128</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hobson and Grantham Salem MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

470  
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RECEIVED

SEP 29 1951

DISTRICT HEALTH OFFICE

File No.....

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, embalmer

working under my personal supervision.

Student Embalmer No.....

Signed C.A. Howell

Signed.....  
Student Embalmer

Licensed Embalmer No. 3670

P. O. Address Dorchester Mass

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.