

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2231

State File No. _____

804

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Smithton</u> <u>0800</u>	
c. LENGTH OF STAY (In this place) <u>5 d</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernard</u>		b. (Middle) <u>B.</u> c. (Last) <u>Bluhm</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1952</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 9-14</u>
9. AGE (In years last birthday) <u>37</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	11. BIRTHPLACE (State or foreign country) <u>Pettis Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
13a. FATHER'S NAME <u>John F Bluhm</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Meindierke</u>	14. NAME OF HUSBAND OR WIFE <u>Maurine</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maurine Bluhm Smithton</u>		ADDRESS <u>Smithton</u>	
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.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, lobar</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Encephalopathy cortical infarct</u> <u>1 yr</u> DUE TO (c) <u>Hypertension essential</u> <u>8 yrs</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis of throat complexts</u> <u>The Pneumonia</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		<u>490X</u>	
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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 29, 1952</u> , to <u>Feb 3, 1952</u> , that I last saw the deceased alive on <u>Feb 3, 1952</u> , and that death occurred at <u>7:47 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas D Osborne MD</u> (Degree or title)		23b. ADDRESS <u>Sedalia</u>	
23c. DATE SIGNED <u>2-8-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Burial 2-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>	24d. LOCATION (City, town, or county) (State) <u>Smithton Mo</u>
DATE REC'D BY LOCAL REG <u>2/12/1952</u>	REGISTRAR'S SIGNATURE <u>W. G. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Neumeier</u> ADDRESS <u>Smithton Mo</u>	

2511-0 (Licensed Embalmer's Statement on Reverse Side)

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

223 620

223 4 2112

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. Neumayer

Licensed Embalmer No. 3912

P. O. Address Smithton Pa

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.