

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6030

State File No.

FILED MAR 13 1952

BIRTH NO. REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5952 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN RURAL SPENCER		c. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Sp. ENCERTWSP THRALD	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 5 Mi. N.W. of CURRYVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 MILES NORTHWEST CURRYVILLE			
3. NAME OF DECEASED (Type or Print) a. (First) JOSIE		b. (Middle) LOIS	
		c. (Last) BLOME	
		4. DATE OF DEATH (Month) (Day) (Year) MARCH 6 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOVEMBER 10 1866
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (State or foreign country) ILLINOIS
		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
		14. NAME OF HUSBAND OR WIFE FRANK J. BLOME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Irene Stanley - Curryville, 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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma River + Stone DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X	
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)		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 Nov - 2 , 1951, to Mar 6 , 1952, that I last saw the deceased alive on Feb - 3 , 1952, and that death occurred at 8 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. P. Dougherty B.S. Dr.		23b. ADDRESS Vandalia, Mo.	
		23c. DATE SIGNED 3/7/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 10 1952	
24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		24d. LOCATION (City, town, or county) (State) NORMANDY ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. MAR 7 1952		REGISTRAR'S SIGNATURE Bell Robinson	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. S. Waters Vandalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Wm. B. Waters

Licensed Embalmer No.

4169

P. O. Address.....

Vandalia 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.