

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23577

State File No. ....

FILED JUL 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5069 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Lamar	c. LENGTH OF STAY (In this place) 9 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Lamar 0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton County Farm		d. STREET ADDRESS (If rural, give location) Lamar R#1 0	

3. NAME OF DECEASED (Type or Print)	a. (First) MINNIE	b. (Middle) VOLBA	c. (Last) BLOOMERS	4. DATE OF DEATH (Month) (Day) (Year) July 24 1952
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Dec 24 1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 7	IF UNDER 6 HRS. Days 0	IF UNDER 15 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid patient	10b. KIND OF BUSINESS OR INDUSTRY County Home	11. BIRTHPLACE (State or foreign country) Streator, Illinois /	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME George W. Gelwicks	13b. MOTHER'S MAIDEN NAME Celestie D. Mitchell	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) XXX	16. SOCIAL SECURITY NO. XXXX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS NO. Harold Gardner, Supt. County Home, Lamar,
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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		INTERVAL BETWEEN ONSET AND DEATH  7 sudden death
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>alcohol</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) LAMAR Barton Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from sudden death, 1952, that I last saw the deceased alive on July 24, 1952, and that death occurred at 2:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) DR. Guldner M.D.	23b. ADDRESS LAMAR	23c. DATE SIGNED 7-26-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 26 1952	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	24d. LOCATION (City, town, or county) (State) Lamar, Missouri
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DATE REC'D BY LOCAL REG. July 25-1952	REGISTRAR'S SIGNATURE Marie Karantz 14-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home, Lamar, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5060  
5560

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.....

*Frank W. Denton*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.