

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35806

State File No.

FILED OCT 27 1952

BIRTH NO. _____ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 3048 Registrar's No. 23b

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>	
c. LENGTH OF STAY (in this place) <u>1 hr.</u>		0742	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1621 East First</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto Alfred</u>	b. (Middle)	c. (Last) <u>Bleich</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22, 1952</u>
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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>April 11, 1890</u>	9. AGE (in years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Light & Power</u>	11. BIRTHPLACE (State or foreign country) <u>Nodaway Co. Mo.</u>	CITIZEN OF WHAT <u>Mo.</u>
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13a. FATHER'S NAME <u>Charley Bleich</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Priebe</u>	14. NAME OF HUSBAND OR WIFE <u>La Visa Coleman Bleich</u>
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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>956-05-8811</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LaVisa Bleich</u> ADDRESS <u>Maryville, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>myocarditis</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 <u>no operations</u>	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)
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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?
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22. I hereby certify that I attended the deceased from 4-5 to Oct 22, 1952 that I last saw the deceased alive on 10-22-52 and that death occurred at 6:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. P. Deau</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Maryville Mo.</u>	23c. DATE SIGNED <u>10-24-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-25-52</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Marion ..</u>	24d. LOCATION (City, town, or county) (State) <u>Maryville Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-25-52</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Pauline Funeral Home</u> ADDRESS <u>Maryville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0742

MAR 13 1952

NOV 1 - 1952

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

John W. Price

Signed.....
Student Embalmer

Licensed Embalmer No. *4281*

P. O. Address: *Maryville 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.