S. No. 300
. 10.48

FILED MAR 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9352

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 11195 Registrar's No. _____

360
1

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

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CLAIR
c. LENGTH OF STAY (in this place): 20 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R. on Hi-way 66

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CLAIR - CENTRAL TWNSP.
d. STREET ADDRESS (If rural, give location): R.R. on Hi-way 66 0360 0

3. NAME OF DECEASED (Type or Print): a. (First) HERMAN b. (Middle) J c. (Last) BLUME

4. DATE OF DEATH (Month) (Day) (Year): MARCH 21 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 7
8. DATE OF BIRTH: SEPT. 9, 1871
9. AGE (In years last birthday): 81 — If under 1 year: Months 6, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STRUCTURAL LINEMAN
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRICAL
11. BIRTHPLACE (City and State or Foreign Country): BERGER, MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: AUGUST BLUME
13b. MOTHER'S MAIDEN NAME: MINNIE ?
14. NAME OF HUSBAND OR WIFE: ELLA BLUME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Ella Blume — ADDRESS: ST. Clair, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General arteriosclerosis — yrs

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: 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.
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* July, 1950, *to* 3/21, 1953, *that I last saw the deceased alive on* 3/15, 1953, *and that death occurred at* 9:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John J. de Lacroix MD
23b. ADDRESS: Sullivan, Mo.
23c. DATE SIGNED: 3/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/24/53
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. CEMETERY
24d. LOCATION (City, town, or county) (State): SULLIVAN Mo

DATE REC'D BY LOCAL REG.: 3-21-53
REGISTRAR'S SIGNATURE: E. L. Worthington 96
25. FUNERAL DIRECTOR'S SIGNATURE: H McEaton — ADDRESS: Sullivan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.