

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

20424

State File No. \_\_\_\_\_

FILED JUN 12 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Scott</b>	
b. CITY OR TOWN <b>Sikeston</b>		c. CITY OR TOWN <b>Sikeston</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Near Shoe Factory</b>		d. STREET ADDRESS (If rural, give location) <b>305 N. Ranney</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Grover</b> b. (Middle) <b>Cecil</b> c. (Last) <b>Blocker Jr</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 29 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>10/27/1911</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR Month <b>7</b> Day <b>2</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Factory</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Holland Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Grover C. Blocker</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Schwetman</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War #2</b>		16. SOCIAL SECURITY NO. <b>#2</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Grover C. Blocker Sikeston, Mo.</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probably - Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2</b>
		DUE TO (b) <b>D.O.A.</b>			
		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 <b>4201</b>		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) m.		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 **5-29**, 19**53**, to **5-29**, 19**53**, that I last saw the deceased alive on **D.O.A.**, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. D. Urban M.D.</b>		23b. ADDRESS <b>Sikeston</b>		23c. DATE SIGNED <b>6-2-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/31/1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>6-3-53</b>		REGISTRAR'S SIGNATURE <b>Mrs. Olla Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Welsh Funeral Home, Sikeston, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1003  
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JUN 8 1953

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 653-129

JUN 8 1953

FEB 24 1954

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Arkiston 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.