

FILED OCT 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34339

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 203

|  |                               |  |   |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>   |                               | c. LENGTH OF STAY (in this place) <u>3 days</u>  | c. CITY OR TOWN <u>Carthage</u>   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stone Memorial Hospital</u>   |                               | STREET ADDRESS (If rural, give location) <u>Route # 3</u> <u>0490</u><br><u>1</u>  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Udo</u> b. (Middle) <u>Henry</u> c. (Last) <u>Block</u>  |                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>October 8, 1954</u>  |   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  | 8. DATE OF BIRTH <u>Nov. 25, 1894</u>   |
| 9. AGE (In years last birthday) <u>59</u>  |                               | IF UNDER 1 YEAR<br>Months <u>    </u> Days <u>    </u>   | IF UNDER 24 HRS.<br>Hours <u>    </u> Min. <u>    </u>                        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Chemical Co.</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Chemical Co.</u>  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Freistatt, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |                               | 13a. FATHER'S NAME <u>Henry Block</u>  |   |
| 13b. MOTHER'S MAIDEN NAME <u>Carolina Runge</u>  |                               | 14. NAME OF HUSBAND OR WIFE <u>Flora Mae Spor Block</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>   |                               | 16. SOCIAL SECURITY NO. <u>500-09-2270</u>   |   |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Irvin Block</u>   |                               | ADDRESS <u>Carthage Rt. # 2</u>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Respiratory Failure.</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Metastatic Adenocarcinoma 3 mo.</u><br>DUE TO (c) <u>Adenocarcinoma of Stomach.</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>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>151x</u>   |   |
| 20. AUTOPSY?<br>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 <u>July</u> , 19 <u>54</u> , to <u>Oct 8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 8</u> , 19 <u>54</u> , and that death occurred at <u>10:30</u> p.m., from the causes and on the date stated above. |                               |  |   |
| 23a. SIGNATURE <u>H. Nordstrom, M.D.</u> (Degree or title)   |                               | 23b. ADDRESS <u>Saropic, Mo.</u>   |   |
| 23c. DATE SIGNED <u>Oct 8 1954</u>   |                               |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 24b. DATE <u>10-11-54</u>  |   |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cemetery</u>   |                               | 24d. LOCATION (City, town, or county) (State) <u>Diamond, Missouri</u>   |   |
| DATE REC'D BY LOCAL REG. <u>10-10-54</u>   |                               | REGISTRAR'S SIGNATURE <u>Ely. Clenton</u> <u>139</u>   |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>The Ulmer Funeral Home</u>   |                               | ADDRESS <u>Carthage, Mo</u>  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number  
Date Filed OCT 20 1954

MAY 11 1955

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.....  
Signature of Student Embalmer

Signed *William B. Bontre*

Licensed Embalmer No. *480*

P. O. Address *Barthage*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.