

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

540

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>69</u>		PRIMARY REG. DIST. NO. <u>4121</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Christian</u>	
b. CITY OR TOWN <u>Billings</u>		c. LENGTH OF STAY (in this place) <u>17 Years</u>		c. CITY OR TOWN <u>Billings</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>On Main Street Sidewalk</u>				e. STREET ADDRESS (If rural, give location) <u>No Street Address</u>				<u>0220</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GOTTLIEB</u>			b. (Middle) <u>SAMUEL</u>		c. (Last) <u>BLUEBAUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1955</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>Jan. 23, 1872</u>		9. AGE (In years last birthday) <u>83</u>	
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Freelandville, Indiana</u>	
				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Henry Bluebaum</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Lucking</u>			14. NAME OF HUSBAND OR WIFE <u>Bertha Rauch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. G. S. Bluebaum, Billings, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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)		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>Jan. 29, 1955</u> , to <u>Jan. 29, 1955</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:00pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>P. W. Marshall, D.O.</u> (Degree or title)				23b. ADDRESS <u>Billings, Mo.</u>			23c. DATE SIGNED <u>Jan. 31/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/31/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>Billings, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 31. 55</u>		REGISTRAR'S SIGNATURE <u>Oliver Hutter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>		ADDRESS <u>Clever, Mo.</u>			

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

FEB 22 1953
MAR 3 1953

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..... *John Hlean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, Ohio*

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.