

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **776**

FILED JAN 17 1955

BIRTH NO. _____ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **5440** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Gasconade 0370		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twp. 0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bland, Mo. Rt.		d. STREET ADDRESS (If rural, give location) Bland, Mo. Rt. 0	
3. NAME OF DECEASED (Type or Print) August Heinrich Gustav Block		4. DATE OF DEATH Jan. 10, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 15, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	9. AGE (In years last birthday) 68 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) Tea, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Conrad Block	13b. MOTHER'S MAIDEN NAME Dora Homeyer	14. NAME OF HUSBAND OR WIFE Emma Bentlage Block
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 ADDRESS Mrs. Emma Block Bland, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
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	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) 334 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Jan. 8, 1955 to 1/9 , 19 55 that I last saw the deceased alive on 19 , and that death occurred at 2:15 a. m. , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) L. A. Bunge, M.D.	23b. ADDRESS Bland Mo	23c. DATE SIGNED 1-11-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-12-1955	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery
24d. LOCATION (City, town, or county) (State) Bland, Mo.		

DATE REC'D BY LOCAL REG. January 12, 1955	REGISTRAR'S SIGNATURE Mrs. Maxine Sappmeyer	4930	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilford H. H. Winter OWENSVILLE
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wilford H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 1410

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.