

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7954**

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>54</u>			
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mexico</u>		c. LENGTH OF STAY (If outside corporate limits, write RURAL and give township) <u>2 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Upper Loutre 0700</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4 1/2 Miles N. W. Wellsville</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>LOUISE</u>		b. (Middle) <u>C.</u>		c. (Last) <u>BLAUE</u>		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
		<u>Mar.</u>		<u>21</u>		<u>1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 3 1878</u>			
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>1</u>		IF UNDER 1 DAY Days <u>18</u>		IF UNDER 1 MIN. Hours <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Henry Kleinsorge</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Schumberg</u>			14. NAME OF HUSBAND OR WIFE <u>William Blaue</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred Beckelman Wellsville</u>				ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid colon with bowel obstruction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ingrown toe lower extremity arteriosclerosis</u>				<u>2 mo</u>	
19a. DATE OF OPERATION <u>3-14-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Amputations both lower extremities due to gangrene</u>						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)		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>1-21, 1956</u> to <u>3-21, 1956</u> that I last saw the deceased alive on <u>3-20, 1956</u> , and that death occurred at <u>3:15 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M. Kallenbach</u>			(Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>March 23, 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/23/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville, Montg. Mo</u>			
DATE REC'D BY LOCAL REG. <u>Mar 23-56</u>		REGISTRAR'S SIGNATURE <u>Blanche Greely</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>A. B. Wells Wellsville Mo</u>				

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 1588

P. O. Address Hellsville 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.