

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25666

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>MARSHALL</u>		c. LENGTH OF STAY (in this place) <u>4 MOS.</u>		c. CITY OR TOWN <u>SLATER</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MODERN REST HOME</u>				STREET ADDRESS (If rural, give location) <u>SHORT ST. 097/0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u>		b. (Middle) _____		c. (Last) <u>BLUM SR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 23, 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 12, 1877</u>	
9. AGE (in years last birthday) <u>79</u>		if UNDER 1 YEAR Months <u>6</u> Days <u>11</u>		if UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEW FRANKFORT MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH BLUM</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH KUNZ</u>		14. NAME OF HUSBAND OR WIFE <u>MAGGIE BLUM</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. Bernard Winston, Slater Mo.</u>			
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>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
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) <u>331X</u>			
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>12-10-</u> , 19 <u>54</u> to <u>July 23,</u> 19 <u>56</u> , that I last saw the deceased alive on <u>7-3-</u> , 1956, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter Haines</u>		(Name or title) <u>MO. Marshall Mo.</u>		23b. ADDRESS _____		23c. DATE SIGNED <u>7/26/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-25-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>8-8-56</u>		REGISTRAR'S SIGNATURE <u>Cecil J. Lead</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Haines, Slater, 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.....
Signature of Student Embalmer

Signed *Walter J. Haines, Jr.*

Licensed Embalmer No. *455*

P. O. Address *Slater, 7*

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.