

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7414

STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mtn. Grove		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MANSfield ¹¹⁴⁰		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Seward N. Home				Length of stay in 1b 10 days		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RICHARD Middle Last Blöfeld			4. DATE OF DEATH Month Feb Day 10 Year 1957				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 29, 1867		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 2 Days 19 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY BLACKSMITH		11. BIRTHPLACE (City and state or county) GREEN BRIAR COUNTY W. VA.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME RICHARD Blöfeld				14. MOTHER'S MAIDEN NAME JANE Pittsen BURGER			
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 EVA Blöfeld		Address Mtn. Grove Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I-(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Feb. 1 - 1957 to Feb. 10 - 1957 and last saw ^{her} him alive on Feb. 9 - 1957 Death occurred at 8:20 ^{a.} 9 ^m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. D.				22b. ADDRESS Mtn. Grove Mo.		22c. DATE SIGNED 2-12-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Feb. 12 1957	23c. NAME OF CEMETERY OR CREMATORY MANSfield		23d. LOCATION (City, town, or county) (State) MANSfield Mo.		
24. FUNERAL DIRECTOR Max & Miller		ADDRESS Mansfield Mo.		25. DATE RECD. BY LOCAL REG. 2-20-57		26. REGISTRAR'S SIGNATURE A. G. Ames	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death, Welfare, Public Service, 000-56, Director, Coronary, etc. must be casually related. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

RECEIVED 2-26-57
WRIGHT CO. HEALTH DEPT.
County File Number 357-18
Date Filed 3-2-57

MAR 20 1957

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 *Max J. Miller*

Licensed Embalmer No. *47*

P. O. Address *Manfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.