

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024296
STATE FILE NUMBER

FILED JUN 24 1958

Registration District No. 337 Primary Registration District No. 4497 Registrar's No. 49

S. 300
1-57
20

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLARENCE</u>		c. CITY OR TOWN <u>CLARENCE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If outside, give location) <u>CLARENCE MO</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>OMER</u> Last <u>BLOCK</u>		4. DATE OF DEATH Month <u>JUNE</u> Day <u>8</u> Year <u>1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 9, 1883</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SERVICE STATION OPERATOR</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>SERVICE STATION</u>		11. BIRTHPLACE (City and State or country) <u>PANDOLPH COUNTY MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>TEL BLOCK</u>	
13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CREED</u>		14. NAME OF HUSBAND OR WIFE <u>ORPHA HALEY BLOCK</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT <u>MRS J.O. BLOCK</u>		Address <u>CLARENCE MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal bronchopneumonia</u> DUE TO (b) <u>1910</u> DUE TO (c) <u>Metastatic epidermoid carcinoma (primary)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MUSCULAR DYSTROPHY, adult type</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>7 days</u> <u>3 years</u>
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 <u>a.m.</u> Month, Day, Year <u>p.m.</u>		20d. INJURY OCCURRED WHILE AT <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 <u>CLARENCE</u> STATE <u>MO</u>	
21. I attended the deceased from <u>1-13-1953</u> , to <u>6-8-1958</u> and last saw him alive on <u>6-7-1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Reverend R. H. D. O.</u>		22b. ADDRESS <u>Clarence, MO</u>	
22c. DATE SIGNED <u>6-16-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-10-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MARKET CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>CLARENCE MO</u>
24. FUNERAL DIRECTOR <u>GREENING</u>		25. DATE RECD. BY LOCAL REG. <u>6-19-58</u>	
26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Charles V. Green

Licensed Embalmer No. 4625
P. O. Address Laurel

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.