Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004979
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 096 Primary Registration District No. _____ Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N. Benton Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4 mi. n.w. Buffalo — Length of stay in 1b 6 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri — b. COUNTY Dallas
c. CITY OR TOWN Buffalo 0300 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4 mi. n.w. Buffalo — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First CLARENCE Middle L. Last BLECHER

4. DATE OF DEATH Month 2 Day 13 Year 1959

5. SEX M
6. COLOR OR RACE W.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 11-16-1889
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months 3 Days 2 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY General Farm
11. BIRTHPLACE (City and state or country) Dallas Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Harrison Blecher
13b. MOTHER'S MAIDEN NAME Anna Tucker
14. NAME OF HUSBAND OR WIFE Ethel Blecher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.
17. INFORMANT Ethel Blecher — Address Buffalo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Viral Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Influenza
DUE TO (c) Lymphoblastic Leukemia with pancytopenia
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 48CXH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1/20/1957, to 2/13/1959 and last saw her/him alive on 2/11/1959
Death occurred at 2/13/1959 10:00 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo. Kowertz, M.D.
22b. ADDRESS Urbana - Mo.
22c. DATE SIGNED 2-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-15-1959
23c. NAME OF CEMETERY OR CREMATORY Hopewell Cem.
23d. LOCATION (City, town, or county) (State) Dallas Co., Mo.

24. FUNERAL DIRECTOR L. B. Jones — ADDRESS Buffalo, Mo.
25. DATE RECD. BY LOCAL REG. 2/23/59
26. REGISTRAR'S SIGNATURE Mrs Vera Petree

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 .....✓..... Signature of Student Embalmer

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.