

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH						59-020917	
DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH				STATE FILE NUMBER			
Registration District No. 118				Primary Registration District No. 4190			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before death)			
a. COUNTY <u>Dasconade</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Dasconade</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Blend</u>				c. CITY OR TOWN <u>Blend</u>			
Length of stay in lb. <u>entire life</u>				Inside Limits ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT home</u>				d. STREET ADDRESS (If outside, give location) <u>Blend</u>			
Inside Limits ☒ No ☐				Reside on Farm ☐ No ☒			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Donald</u> Middle <u>Ray</u> Last <u>Blumhorst</u>				Month <u>July</u> Day <u>2</u> Year <u>1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>2-26-1940</u>	
9. AGE (last birthday) <u>19</u>		10. UNDER 1 YEAR ☐ Months ☐ Days ☐		11. IF UNDER 24 HR ☐ Hours ☐ Min. ☐			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never worked</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Roller-Mo.</u>			
11. BIRTHPLACE (City and state of country) <u>U.S.A.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Frank Blumhorst</u>				13b. MOTHER'S MAIDEN NAME <u>Marie Sahmeyer</u>			
14. NAME OF HUSBAND OR WIFE <u>Frank Blumhorst - Blend</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 <u>Frank Blumhorst - Blend</u>				Address <u>Blend</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>CARDIAC ARREST</u>							
DUE TO (b) <u>MUSCULAR DYSTROPHY</u>							
DUE TO (c) <u>16 yrs</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Complete Emancipation</u>							
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown							
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒							
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 <u>8:45</u> Month, Day, Year <u>7/15/54</u> to <u>7/2/59</u> and last saw him alive on <u>7/1/59</u>							
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 <u>Blend, Mo</u>							
20g. COUNTY <u>Blend</u> STATE <u>Mo</u>							
21. I attended the deceased from <u>7/15/54</u> to <u>7/2/59</u> and last saw him alive on <u>7/1/59</u>							
Death occurred <u>8:45 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Wm. F. Feller</u> (Degree or title)				22b. ADDRESS <u>Blend, Mo</u>			
22c. DATE SIGNED <u>7-3-59</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>				23b. DATE <u>July 5-1959</u>			
23c. NAME OF CEMETERY OR CREMATORY <u>Old Blend Cemetery</u>				23d. LOCATION (City, town, or county) <u>Blend - Mo</u>			
24. FUNERAL DIRECTOR <u>Sassman Funeral Service</u> ADDRESS <u>Blend - Mo</u>				25. DATE RECD. BY LOCAL REG. <u>July 5, 1959</u>			
26. REGISTRAR'S SIGNATURE <u>Mrs. Milford Winters, Dep.</u>							

3961 9 11 700

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chute Sase

Licensed Embalmer No. 411

P. O. Address Blend-

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.