

# JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042438

NOV 30 1960

157

3028

235

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carthage</b>		Length of stay in 1b <b>3 1/2 Hrs.</b>		c. CITY OR TOWN <b>Sarcoxie</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune Brooks Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>302 N. 5th. St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>C.</b> Middle <b>C.</b> Last <b>Blockberger</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>19,</b> Year <b>1960</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-1-1905</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Wild Bros. Nursey</b>		11. BIRTHPLACE (City and state or country) <b>Jefferson City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Unk.</b>			13b. MOTHER'S MAIDEN NAME <b>Unk.</b>			14. NAME OF HUSBAND OR WIFE <b>Erylne Blockberger</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>492-20-5264</b>		17. INFORMANT <b>Mrs. C. C. Blockberger, Sarcoxie</b>			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction, acute</b> DUE TO (b) <b>Hypertension, chronic</b> DUE TO (c) <b>Previous myocardial infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b> <b>unknown</b> <b>July 1960</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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. Month, Day, Year									
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 <b>11-19-60</b> to <b>11-19-60</b> and last saw <b>her</b> <b>him</b> alive on <b>11-19-60</b> Death occurred at <b>8:10</b> P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Doctor or Nurse) <i>[Signature]</i>				22b. ADDRESS <b>Carthage, Mo.</b>				22c. DATE SIGNED <b>NOV 28 1960</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)			(State)	
<b>Burial</b>		<b>11-22-60</b>	<b>Sarcoxie Cemetery</b>		<b>Sarcoxie, Mo.</b>				
24. FUNERAL DIRECTOR <b>Ulmer-Moss Funeral Home, Sarcoxie, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>11-25-60</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 9 T 0307

JAN 24 1961

**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 Melvin Harrell

Licensed Embalmer No. 5121

P. O. Address Carthage,

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